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VENEREAL HYGIENE OF THE FUTURE.

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We are here tonight to discuss possibilities and hopeful probabilities. The subject is so vast in its general bearings that what is to be said can only be briefly suggestive. It is not to be bounded by the narrow confines of medical dogma or edict, but must necessarily deal with the great problems of social and civil economy that are wrapt up in the womb of time.

The qualifying adjective does not necessarily limit the broader treatment of the subject with which we have to deal. We have to do not only with that which seemingly alone on the surface appears to be significantly involved, but with all that pertains to the more intimate sexual relation, whether it be legal or illicit.

In the proper solution of this question, if ever attainable, we grapple with the most far-reaching of all earthly problems.

In the advance of the age along all material lines we have the basis of action for more vital and deeper concerns. The more deeply we penetrate the arcana of nature and reveal its long hidden secrets, the more nearly we approach that higher conception of the higher relation of the race and its absolute necessities than ever before.

Hence comes the application of that law based on the axiom, "stand in the way of beginnings," which evolves the principle of sanitation.

The world looks more now, in these later days, to the question of how to prevent than how to cure, and in the utilization of well-known hygienic principles to secure the health and well-being of the unit, of the family, of the State, thus conserving health, happiness and the best potential forces required for good government.

To this end great sums are expended to eliminate so far as practicable all such environments as are prejudicial to the best welfare of the human race in the various utilities of daily life.

So far, so good; but "the proper study of mankind is man."

Progress in material things is along the line of evolution; our study necessarily leads us away from this, not along parallel lines, but at direct right angles, for the foundation of the work which the future suggests is not evolution but elimination. So far as this is concerned, it leads along higher ethical lines toward that happy day, not Utopian nor elusive when the line of human progress by the direct force of this process shall increase the sum of human happiness so that the days of human life shall be a physical benison, until in the ripeness of years the earthly shall part company with its long-abiding guest, not with pangs, but with quiet restfulness as the infant on its mother's breast sleeps its dreamless sleep.

In our forecast of the future we might realize that human invention of things for convenience and practical utility has perhaps reached its acme. The problem of aerial navigation has been solved. Rapid transit and intercommunication of nation with nation has been accomplished. Through the great maritime canal the world's commerce peacefully floats from the Atlantic to the Pacific. The strait of Dover has been tunnelled. Behring Strait, from Cape Prince of Wales in Alaska to East Cape in Siberia has been bridged, and the world is girdled with its iron belting.

In the latest years of an eventful reign, Nicholas of Russia realizes the fulfillment of his desires. Nations have turned the sword into the ploughshare and the spear into a pruning hook, and in their common relation to each other the peace of an undisturbed Eden prevails.

In our own government the Federal hand has become more sharply central and autocratic, dominating to a certain extent, but not controlling the policies of State action, but wisely and beneficently guiding them, having purged its own halls of legislation till what we now deem Utopian has become the assured line of action.

The State, progressively in its advance, has kept pace with the ideal in most governmental details and satisfied with the practical adjustment and harmonious working of its own laws now turns its attention to the individual members of its commonwealth to secure for them the highest earthly good.

At this point we turn to the more practical consideration of the subject before us—the mutual relation of the sexes. In the days to come there will be no inhibition of the natural forces and instincts or abatement of desire. How shall they be legally guided so as to secure to the world the best type of ethical humanity approaching and perhaps realizing in the race physical perfection?

As the result of thought, careful study and extensive reading, some suggestions present themselves for careful consideration. Through the passing years philanthropists and legislators had turned to various measures and enactments to secure the desired end, but had signally failed so far in every effort to successful curtailment of the several forms of sexual evil.

Convinced that radical and drastic measures were necessary, legislators finally grasping the situation, clothed with final arbitrary authority both judicial and executive with unlimited means, a corps of medical men suitably districted from whose decision there was to be no appeal. Any evident failure on their part to discharge their duty subjected them to the severest of penalties, short only of loss of life.

Their first step was to grapple with the social evil. Candidly at the outset recognizing the difficulties and utter impossibility of its entire extirpation, their work took the direction of mitigating and minimizing it. To that end the first move was to colonize in towns and cities of more than 5,000 inhabitants all public and clandestine prostitutes as rapidly as could be ascertained, in certain districts, condemning and paying legitimate prices for all such property as might be needed.

All such parties were carefully examined and the diseased hospitalized and confined until pronounced cured. This having been thoroughly accomplished, they were returned to their quarters from which egress was allowed only at certain hours under penalty.

In order to avoid the possibility of any line of descent from these women, as rapidly as possible they were subjected to the surgeon's knife and unsexed, with every care and precaution required in the preliminary and active methods.

This being done, they were left to their own devices, monthly examinations being required. The edict publicly promulgated was distinctly understood that a prerequisite to the life of the courtesan was to be registered, colonized and unsexed.

That similar conditions in the male should be promptly met, all parties treating diseased sexual conditions were required to report at once the patient, location and disease, under penalty of heavy fine and imprisonment at the discretion of the official court.

The patients were at once hospitalized and detained until cured. This first time at the expense of the State. The second offense received the same penalty, but in addition thirty days imprisonment and a fine of $50.00 to be paid in money or hard labor. The third offense, in addition to the above penalty, received also imprisonment at hard labor for one year. At the fourth offense, the State deeming the offender incorrigible and a menace to the commonwealth, turned him over to the surgeon who, with his knife soon rendered him incapable of like conditions, and freed itself from a burden and nuisance along similar lines.

Another consideration now engaged attention. From the days of Noeggerath to that day the increasing ravages of Neisser's gonococcus had furnished thought and work for the gynecologist. With the passing years the clamor increased and would not be hushed. The thinking men and women of that day demanded some form of relief from the misery entailed upon the pure and innocent woman by the defilement of this infection which knew no law, save that of pain, misery and death, orphaned children and darkened homes.

The facts lowered like a cloud around every nuptial altar, and neither parents nor bride could always feel safe in that which should be a portal to the height of earthly happiness.

The hour and the opportunity had now come, and the edict went forth and read thus: All men contemplating matrimony must bring to the parents or guardians of the bride to be a certificate from a reputable physician the result of investigation and microscopic examination stating that the applicant is entirely healthful and free from the results of any impure disease. Name, certificate and doctor filed for registration and reference. This being fully complied with, the proper authorities issued the license and the new relation could then be legally entered on. After deflection, when discovered, to be governed by the laws regulating the social evil.

This contract, however, was not to be a one-sided one. On the part of the woman graver considerations obtained than the mere suffering entailed upon her by disease. It involved the heritage of human life, the right of a child once conceived to be maturely born. Here she alone could be the willing transgressor of natural laws.

Through all these years the ghosts of thousands—yea, millions—of those slaughtered innocents cried out for vengeance and would not be abated. Social demands, unwillingness to assume motherhood, absence of principle and ignorance oftentimes of the true nature of the heinous crime all conspired alike to doom to an untimely birth those who had every right, human and divine, to complete the tenantry of their privileged chamber. Alas! that it could be so; but the hour had come to stay this awful, this revolting crime. Hence, when a woman desired to enter into the nuptial bonds, she registered a solemn oath that she would in no way in the future willingly conspire to prematurely terminate her pregnant condition at any stage of its duration. Coupled with this condition, she was made clearly to understand the penalty attaching to violation of her vow. For the first offense imprisonment for one year; for the second death.

Much has been accomplished in the passing time, and yet much more remains to be done under the guidance of the same law. In the natural increase of population and its increased gravitation toward city life, there came naturally a much larger proportionate increase of the physi-

cally, mentally and morally infirm and of the vicious degenerate till society was carrying a burden heavier than it could bear, and cried aloud for relief.

Hospitals for the unsound in body and mind were increasingly crowded, the jails and penitentiaries were full, and the means for building could scarce keep pace with the demand for room.

The natural extirpation of the degenerate type whose viability usually expired with the fourth generation did not bring relief. The picture was dark and its shadows were growing darker; but as remedies usually rise to correct existing evils, and wholesome changes come through educated public sentiment when the emergency demands, it was seen that the time had come to put in force far more radical measures than had ever been adopted.

The historian of that day records that in the four decades from 1850 to 1890, convictions from crime had risen from 290 per million to 1,315 per million, and that it represented an increment of crime four fold greater than the natural increase of population.

The increase in criminals among the native-born population for the same time was from 203 to 1,213 in a million. In the passing years a larger ratio of increase threatened the peace and safety of every community.

At all hazards this increase must be stopped that life and property might be safe, lest the better element be submerged, the good perish and the whole social fabric totter to ruin and to its fall.

To accomplish this result was not a work of days, but of years. The edict went forth, the work of purifying began. Every vicious criminal, male and female, and every one whose name was entered on the prison roll the second time was unsexed. Mercy did not spare their offspring. Every child from 8 years old up went through the same ordeal, while a registered list brought all of this class arriving at the same age to the same penalty.

The law was inexorable and knew no restraint. As the years went by the scope of this work enlarged its borders and broadened its action. The aim was an idealistic condition under the sanction of law, of physical manhood and womanhood. The ultimate arbiter of justice, the Supreme Court of the land, had established the validity of the law and had rebuked every effort to undo it.

Next came under its special examination that rapidly-increasing class —the vagrant, the tramp, the "hobo"—not always necessarily criminal, but readily so when occasion offered to suit their needs.

Realizing the established fact that the unnecessarily idle were always a menace to society, a certain reasonable time was given to these men to secure occupation. Failure to do this subjected them to the same law

that another great step forward might further secure the same beneficent end and purge the commonwealth of an ever-threatening element.

Another class now came under observation—the idiot, the imbecile, the confirmed drunkard, whose possible progeny was but an increased harvest of what was sown. Here the same fate awaited them with a watchful guardianship over their issue that this class of degenerates might in the course of years no longer intrude upon the harmony and peace of a now well-ordered and happier social fabric.

Other forms of diseased conditions continued to be investigated, and through the years the process of elimination went on until the world's new era began—hoary with age, but ever young.

As one walked through the peaceful quiet of God's acre, no little mounds were seen. Childhood matured, youth ripened into stalwart manhood and beautiful womanhood and this into the serene quiet of fourscore years or more, to drop gently like ripened fruit, its labor done, into that peaceful rest born of the approval of a conscience void of offense.

May 26, 1900.

DISCUSSION.

By Dr. R. C. Bankston.

Mr. President and Gentlemen of the Society: Most of you are aware of my deficiency of hearing. Dr. Sholl, with a courtesy born of sympathy, very thoughtfully offered me his paper for perusal. That considerate act has enabled me to see what the others have heard, consequently I am in a position to offer my quota to the discussion of his subject.

To take the paper up in detail and analyze it would require more time than your courtesy would allow me. The Doctor's propositions are so far-reaching in their scope that superficially considered, you will lose sight of the gems imbedded in the subject matter all the way through it. Therefore a perfunctory and general lot of remarks will have to bear my tribute of appreciation to the wise and timely thoughts expressed by the Doctor in his admirable paper.

The exposition has been forceful, the reasoning logical, and the conclusions drawn are so clear and consice that we are almost willing to accept them, not as future possibilities, but as constituted fact. The ideas advanced develop force of mind of both a centripetal and centrifugal kind, both necessary to maintain a logical balance in such a course of reasoning. The plot of the subject has been pictured with consummate skill; the ideas advanced are high and wide in scope, and the judgment displayed in its presentation all have the force of inspiration. His lucid creation of the forthcoming is the result of careful comparison, and seems to have been arrived at from logical deductions of the present

applied analytically to the development of the future. All told, they show profound study of the subject, not from the narrow confines of the present, but from the largest theatre of events—the world in the future. A clear conception has enabled him to portray for future good coming evils and their correction. As events, his predictions will bear the scrutiny of time.

It would now be well for our boasted civilization to ponder the matter and apply such restrictive measures as the essayist has suggested for present relief and the glory of future man. To men of thought, the subject is of peculiar interest, grappling as it does in a bold, clear way a condition now facing us which is undoubtedly the greatest evil with which humanity has to contend.

The Doctor's bold conceptions, his clear expressions and thoughtful deductions, all stamp him a leader in the advanced thought of his age. It is to such men as the essayist that the world owes much. They stand out in bold relief as men of thought and leaders. Marching down the path of time, acting as a vanguard, they lead onward through the morass of iniquity, while surging humanity follows to the safe heights beyond, where optimistic result obtains and the culmination of all good desire is achieved.

By Geo. Huddleston, Attorney.

The policy of restriction by law of the privilege of procreation is radical in its conception. To legislate away the right to beget children would be to overturn all theories of civil government now in operation and to uproot the principles of morals and society which obtain among civilized peoples. We understand, however, that this is advocated as an abstract proposition, rather than as having any practical bearing on existing conditions.

I understand Dr. Sholl to favor the proposition of denying the right to beget children to criminals and all others who are unsound of mind or body. Carrying this doctrine to its logical conclusion, one may ask, "Where are the coming generations to look for their fathers and mothers?" There is scarcely any man of thirty years who has not broken some one of the criminal laws, a minor offense, perhaps, and yet the lawbreaker is none the less a criminal. Health is a matter of comparison; the seeds of death are in us all; there are none who are sound of body in the abstract. A man and woman who may be sound in body so far as can be ascertained, may become the parent of a child whose life is made miserable by a tendency to weakness or disease inherited from preceding generations.

It is beyond human ken to be the judges of the fit and the unfit. Who can presume to say what type of man it were best to preserve? Who

can dare to say that the delicate and weakly man has not something in him which would be a richer heritage to a child than physical health? A flash of wisdom may come from a sick bed worth more to the species than all the brute strength of millions of creatures of mere bone and thews. It has been ordained that it is the fittest who shall survive. Who are the fittest, it must be left to nature to decide.

In its logical consequences the doctrine proposed would separate those suited by every natural requirement to cohabit as man and wife; would create a class of pariahs who would be a menace to society, and rob of their energies and usefulness and take from the field of human activities some of its most skillful hands and tireless feet.

I submit that the remedy for degeneration is education, and not the surgeon's knife. By education a strong public sentiment must be created in favor of health and social purity. Man must be taught to know himself. Men must be taught how to make their bodies strong and their brains clear, and how to beget healthy children. Women must be taught how to go to the nuptial couch physically fit to be wives and mothers. Parents must be taught how to discharge their sacred obligations to the child before and after its birth, so that it may come into a social unit fit to discharge its functions. Conscience must be taught. The individual unfit to take part in the perpetuation of his kind must be taught the heroic lesson of self-denial.

This duty of public education rests largely upon the shoulders of the medical profession—the ones who know. It is they who must stand upon the housetops and shout warning to the people. It is they who must teach the importance of hygiene and the conservation of nerve force. They must wave the red flag; they must post the signal of danger. It is upon the doctors to advise candidly without fear or favor, to refuse to equivocate or conceal wrong, to open our eyes that we may see our way. With the ripening of civilization and science, the medical profession has risen in influence, importance and dignity. With its rise the profession has assumed wide and complicated obligations to society. The good of the race demands of the man of medicine a keen realization of his profound responsibilities to his fellowmen.

By Dr. S. L. Ledbetter.

Mr. President: I had not thought of discussing the paper tonight, but some thoughts have been suggested by the remarks of the last speaker, so I beg your indulgence for a few minutes.

I wish to speak only of one class of diseases and their effects upon society—syphilis and gonorrhœa. Only physicians know to what extent these diseases prevail. The people have no way of knowing. When we have smallpox, yellow fever and scarlet fever, flags are hung out to

give warning. The patients are quarantined and measures are always provided for the prevention of any contagious disease that may prevail in the community. Not so with syphilis and gonorrhœa, which are almost omnipresent, and the women and children have no protection. A large percentage of the diseases of women are of venereal origin, and a large number of children are born into the world annually with a syphilitic inheritance. I have under my care now a half dozen or more children suffering from syphilitic affections of the eye. In other contagious diseases the disease is only transmissible by contagion, but in this disease we have a constitutional taint which fastens itself upon the parents and may remain latent for years, cropping out in the children.

Physicians seem to be afraid, for some reason, to take action in this matter. It is a delicate subject, and a difficult one to handle, but if the good people of the community and of the country knew anything of the extent and nature of the disease; if they were thoroughly informed on the subject, they would see to it that some legislation be enacted looking to the protection of the women and children. If the young women of the land knew anything of the extent of venereal diseases, they would be very shy about taking the marriage vows.

I insist that the medical profession should do something for the protection of the innocent and uninformed, and lend their aid to any legislative movement looking to the stamping out of a disease which is more far reaching in its effects, and which is responsible for more deaths, directly and indirectly, to say nothing of its demoralizing influences, than any other of the contagious diseases.

INVERSION OF THE UTERUS, WITH REPORT OF A CASE.

By J. M. Mason, M.D.,

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Read before the Jefferson County Medical Society, May 14, 1900.

I present for your consideration this evening a paper on "Inversion of the Uterus," a rare condition, but one of sufficiently frequent occurrence to be of interest to every obstetrician and every gynecologist.

Some months ago a case of chronic inversion of five months' standing came under my care while an interne in the Charity Hospital of Louisiana, and I will report this case, in addition to a general review of the subject. My paper will deal principally with chronic inversion, but, as the two forms are so closely related, I will also call your attention to the acute form, which may be met with in any case of labor.

Inversion may be partial or complete, and may be, as above mentioned, acute or chronic. Acute inversion is that form which follows immedi-

ately or very soon after the completion of labor. Chronic inversion may follow the acute form, and, in such cases, according to Barres, the case becomes chronic with the completion of involution of the uterus. Chronic inversion may also occur with uterine polypi, sub-mucous fibroids, or with malignant growths.

Acute inversion is one of the most formidable accidents which the obstetrician can encounter, but, fortunately, it is not of very frequent occurrence. In regard to its formidableness, I will mention that of 109 cases collected by Crosse, from whatever cause, one-third died either at once or within one month. (Barnes' Diseases of Women.)

Other writers claim the same percentage of mortality.

In regard to its frequency, Flayfair says that of 190,800 deliveries in the Rotunda Hospital, the accident only occurred once, and many busy practitioners never meet a case in years of practice. This is, however, as is the case with all other accidents, extremely uncertain, for in examining the obstetrical records of the Charity Hospital of Louisiana, I found one case recorded between January 1, 1879, and January 1, 1899, during which time 3,432 cases of labor occurred, and on inquiry among my friends I have found several of them who have had to deal with acute inversion in the early years of their practice.

It may be of interest to mention here that one case of acute inversion is on record which followed an abortion at four months—(Emmett's Principles and Practices of Gynecology).

Obstetrical writers describe inversion as occurring in three degrees. The first presents a cup-shaped depression in the fundus. In the second the depression is deeper, making, as it were, an intersusception; in the third the inversion is complete, the uterus being literally turned wrong side out.

The symptoms which accompany inversion are those of profound shock, rapid, feeble pulse, pallor, cold, clammy skin, perhaps nausea and vomiting, possibly convulsions. Intense cramps and abdominal pain may be felt. Hemorrhage usually takes place to an alarming extent, but this is not a constant symptom, for uterine contractions may come on after inversion and controll this.

When any of these symptoms follow labor, an examination should be at once made and partial as well as complete inversion should be carefully looked for. If complete inversion has occurred, the uterus will be felt as a round mass lying in the vagina or perhaps prolapsed through it. A bimanual examination will show that the uterine body is absent from its proper place. The placenta will, in many cases, be found attached to the uterine tumor, but if such is not the case the site from which it was removed will be found on inspection.

In case of partial inversion, a carefully conducted bimanual examina-

tion will reveal a depression in the body of the uterus, and a finger in the cervix may reveal the inward projection of the partial inversion.

A few cases are recorded in which the symptoms of inversion did not present themselves until some hours or perhaps days had elapsed after labor. Flayfair regards these as cases in which a partial inversion existed at first, and which, by uterine contractions, became converted into more complete forms. In such cases the use of the sound in connection with careful bimanual examination should be made to differentiate the condition from a polypus or other uterine growth. So many cases give a history of traction on the cord, or of improperly applied pressure on the uterus for expulsion of the placenta, that we are forced to conclude that these two procedures, with adherent placenta, are the most common causes of inversion.

In some cases, however, no mechanical cause can be assigned. Many theories have been advanced as to the exact manner in which this spontaneous inversion is produced. Most of them assume that it results from partial or irregular contraction of the uterus. Coe reported in the Richmond Journal of Practice, May, 1899, an interesting case of this sort which followed the administration of ergot.

The indication, of course, in acute inversion, is to restore the uterus to its proper position as quickly as possible. Your patient is in imminent danger from shock and hemorrhage, and every minute lost makes the uterus harder to restore, on account of the contraction of the cervix and on account of the enlarged and congested condition of the organ.

Often the placenta is firmly adherent, and this mass, in addition to the bulk of the uterine body, has to be dealt with.

I quote from Lusk what seems to me to be the correct procedure: "If the placenta is detached to any great extent, its separation should be completed before replacement; if adherent, no time should be lost, but placenta and fundus should be pushed back together."

In trying to replace the uterus, it should be firmly grasped and compressed with one hand, and pushed up in the axis of the canal, counter pressure being at the same time made over the abdomen with the other hand. If difficulty is experienced, an anesthetic should be employed and manipulations kept up.

Noeggerath's method is specially applicable to these cases, and is performed by making an indentation opposite each fallopian tube and pushing up this wedge-shaped portion, which dilates the constricting ring and is followed by the whole uterine body. When reduction is accomplished, steps should be taken to prevent its recurrence. A hand in the uterus will keep it in place until the organ is contracted, and this hand may be used at the same time to remove the placenta if it has been returned. Other measures which have been suggested are the gauze pack and the hot douche. In fact, a hot douche from a syringe at the height of eight

feet has been successfully used in restoring a case of partial inversion.

When reduction is at once attempted, it is generally successful, and frequently cases have been reduced several hours or days after the accident. In case of failure, the attempt should be repeated from day to day until you are convinced that it should no longer be tried. The patient should then be kept in bed, nourished, stimulated and douched until involution is complete. During this time gentle pressure may be kept up by keeping in the vagina rubber bags distended with water. They sometimes, by the continuous pressure exerted, cause replacement.

In neglected cases, or those in which efforts at replacement were not successful, the following terminations are recorded by Barnes: "The uterus has sloughed off, with recovery; strangulation by the cervix has ended fatally before there was time for sloughing. Cases have occurred in which the organ has been torn away by the attendant, the patient recovering; the uterus has separated by gangrene, with recovery; intestinal coils have been caught in the cervical ring, death resulting from strangulation of the intestines; death has occurred at once from shock and hemorrhage."

Some writers claim that spontaneous reposition has taken place. Crosse, however, vigorously denies this; but, to sustain his position, has to call in question the diagnosis of reported cases. If the uterus is not restored, and if the patient survive, and escape the above terminations, involution goes on, and at its completion the case becomes one of chronic inversion.

As has been alluded to, chronic inversion is also found in association with polypi, sub-mucous fibroids and malignant growths of the fundus. It may exist in all three of the degrees found in acute inversion.

Schroeder offers the following explanation of the production of inversion following intra-uterine growths: "The uterine foundation, or base of the tumor, becomes atrophied by means of the pressure which the tumor exerts. A gap is thus formed in the firm contractile uterine tissue; the tumor sinks into the cavity of the womb, and is driven towards the mouth by its own weight and by the contraction of the organ. The os then opens, and the tumor sinks into the canal of the cervix, and thus the adjacent portions of the uterine wall being drawn down, a complete eversion is gradually accomplished. In some cases, however, after the tumor has sunk a certain distance into the cavity of the uterus, the inversion is rapidly accomplished by means of uterine contraction."

The symptoms which usually accompany chronic inversion are: repeated hemorrhages, leucorrhœal discharge, anemia, weakness, a feeling of weight and pain in the pelvis, with various nervous disturbances. A few cases, however, are recorded in which no symptoms and no alteration in the state of patient's health followed.

In most cases a diagnosis is readily made, and in those cases which

have followed labor, a clear history of inversion after labor is usually obtained. But, remembering that the inverted uterus may occur with a polypus, or may be mistaken for a polypus, and that it has been amputated with fatal results, owing to this mistake, every physician should exercise the utmost care in making his diagnosis. In fact, it has been wisely suggested that every case of suspected polypus be considered an inversion until the contrary is proven.

Examination, in case of inversion, will reveal the following points: Lying in the vagina, or perhaps prolapsed through it, will be found an oblong tumor, which probably bleeds readily. Careful examination will reveal the openings of the tubes at each horn. On passing the fingers into the vagina, the cervical ring may be felt constricting the neck of the tumor. Sometimes, though, it is claimed that even the cervix is inverted, and in such a case the neck of the tumor will be found to be continuous with the vaginal vault. Abdominal palpation, combined with a finger in the rectum or vagina, will show that the uterine body is absent from its proper place; the cervical ring may be felt with the tubes entering it, and the ovaries just outside.

In case of partial inversion, or of inversion due to polypus, or in case you suspect polypus, but want to exclude inversion, the use of the sound, in addition to careful bimanual examination, will clear up the diagnosis in most cases.

A sign upon which some writers have laid stress is that in dealing with a polypus, squeezing or constricting, as with an ecraseur, causes no pain, while such manipulation, if you have the uterus in your grasp, causes intense pain.

If the openings of the tubes are sought for and found, of course the tumor is the uterus.

It is hardly possible to confound prolapse with inversion, for in prolapse the first thing to attract attention is the opening of the cervix, while in inversion the round mass of the fundus is first encountered.

The prognosis in neglected cases is unfavorable, for the cases which regain health and strength are of very rare occurrence, and even then the patients are unfitted for parturition.

In treating these cases every effort should be made to restore the uterus to its proper position. It is readily seen that in those cases of inversion caused by intra-uterine growths, the cervical ring has been forced open by a more gradual pressure than in those cases which followed labor, and in the former cases the cervix will remain in a relaxed and dilatable condition, instead of regaining its tenacity and tightly contracting on the inverted uterus as it does in those cases which follow labor.

Hence, in the former class of cases removal of the tumor, followed by a little manipulation, is all that is usually required. Indeed, so quickly

does the uterus sometimes restore itself that Kelly suggests that all sutures necessary to control hemorrhage he inserted before the tumor is removed, lest the organ become suddenly restored and bleeding take place from the inaccessible points.

In the more difficult cases, replacement has been accomplished by means of manual efforts, mechanical repositors, and operative measures; and, failing in all these, amputation and hysterectomy have been resorted to. Thanks to the efforts of conservative workers, I think that these last resorts will now have to be made use of only in rare instances.

Emmett says that before the present generation, the condition was considered helpless after the uterus had once contracted, and that the ligature was the only resort. He quotes Dr. Meigs as saying to his class in 1846: "You might as well try to invert one of the non-gravid uteri on my lecture-room table as to reposit this one; the time has gone by." However, a case is on record where, as early as 1845, Dr. Skae, of Edinburgh, accomplished reduction twelve hours after labor, and in 1847 McCoy, of Ohio, reduced a case two days after labor, and Valentine, in 1847, reduced a case of sixteen months' standing.

Dr. J. V. Quackenbush, of Albany, N. Y., in 1855, was the first in this country to reduce a case of chronic inversion, and Dr. Emmett gives him greater credit in view of the fact that he was ignorant of the work of Valentine and others, and was therefore doing work which was to him original.

In those early days, manual efforts, such as the above workers employed, and mechanical repositors were the only means at hand for the restoration of the uterus. Methods of reposition by manual efforts have been devised by Noeggerath, Courty, Watts, Tate, Emmett, and others, the object aimed at by all being to dilate the constricting cervix and to push up the inverted fundus. Noeggerath's plan is especially applicable to acute cases, and has been described. Courty inserted two fingers in the rectum and hooked a finger on each side of the cervical ring, at the same time making upward pressure on the fundus. Watts used the same procedure, and pushed first one then two fingers into the cervical ring, carry the rectal wall with them, dilating the cervix thereby, and pushing up the fundus with the other hand. Tate reduced in half an hour a case of thirty-six years' standing as follows: Two fingers in the rectum and one in the bladder were placed against the cervical ring, and each thumb made upward pressure against the fundus. Emmett's method is as follows, and as it was very successful in his hands as well as in the hands of other operators, it seems to me to have been the best of the methods, so I will describe it in his own words: "My hand was passed into the vagina, and, with the fingers and thumb encircling the portion of the body close to the seat of inversion, the fundus was allowed to rest in the palm of the hand. This portion of the body was firmly

grasped, pushed upward, and the fingers were then immediately separated to their utmost; at the same time the other hand was employed over the abdomen in the attempt to roll out the part forming the ring, by sliding the abdominal parities over its edge. This manoeuvre was repeated and continued. After all the body had advanced well within the cervix, steady pressure upon the fundus was applied by the tips of all the fingers brought together. He later on modified his method by passing silver sutures through the cervix after the body had advanced through it. This prevented a recurrence of the inversion, and also made pressure on the fundus which finally succeeded in completing the reposition.

Mechanical aids to reposition are based upon two different principles, one the use of a small amount of constant, steady pressure, to gradually overcome the obstruction of the cervical ring, the other the use of a greater pressure, kept up for a short time, to forcibly overcome the obstruction. Under the former head may be mentioned elastic bags filled with water and left in the vagina for several days, air pessaries, steam pessaries, held in place by T bandages, and elastic pessaries. The one devised by Barnes consisting of a hollow rubber disc to receive the uterus, a stem curved to conform to the pelvic canal, attached to an abdominal belt by strong elastic bands.

Aveling devised a similar instrument with a sigmoid stem, by which several cases were successfully treated. For forcible reduction, candles, ivory and wooden rods have been used to aid and relieve the hand, and Dr. White, of Buffalo, devised a remarkable repositor. It consisted of an india-rubber cup, from which projected outward a short staff having at its other end a stout steel spiral spring. The cup is passed into the vagina and receives the fundus, being held in position by one hand. The spring rests against the chest of the operator, and he exerts pressure by pushing his body against it. Counter pressure is made over the abdomen by the other hand. Eight or ten pounds pressure is supposed to be exerted.

Byrne, of Brooklyn, modified this by making a deeper cup with a movable bottom. This deep cup receives the uterine body, and, by pressing upward on the movable bottom, the organ is compressed into as small a size as possible. Both these instruments were used with success.

Sustained gentle pressure I think preferable to any effort at violent force, for the latter may result in rupture of the uterus or vagina, or fatal contusion to the tissues may occur.

At the risk of tiring the Society, I will briefly relate the experience of Prof. E. S. Lewis, of New Orleans, in dealing with a case of chronic inversion, using during his treatment nearly all the measures I have alluded to. His case was treated in the Charity Hospital of Louisiana in 1879. The patient was 22 years of age, and the inversion was of five

months' standing. On admission, March 6, 1879, a rubber bag was introduced into the vagina and worn for six days, being removed and cleaned every second day. March 12 chloroform was given and taxis by Courty's and by Noeggerath's methods was tried without any effect. The bag was again used until March 18. Chloroform was again administered and same proceedure was carried out, with no better result. A larger bag was put in, but caused so much pain that it was removed, and she was allowed to rest until April 9th. Ether was then given, and White's repositor was used for over an hour without success, and the bag was again used for ten days. April 23, chloroform was administered again and Emmett's method was tried for an hour and a half, and partial reduction to about the internal os took place. The bag was again used until May 3, when it was found that no change had occurred, except softening of the uterus. Chloroform was administered again, and after two hours' work by Emmett's method, all was reduced except a small portion opposite one horn. A cup-shaped stem pessary attached to an abdominal belt by elastic bands was worn until next day, when all was found to be reduced. On May 21 she was discharged, cured.

The treatment of this case lasted, as you see, ten weeks. The patient was anesthetized five times, and nearly all the known methods of treatment were made use of. A consideration of the difficulties which this case presented will convince you that no one plan of treatment is applicable to every case, and that many patients would be unable to submit to such protracted and rigorous treatment.

Operative Measures.—To quote Emmett again: "From the time of Ambrose Parè down to the present generation, the ligature was the only resort, with or without the use of the knife afterwards."

Vaginal hysterectomy has entirely superseded this operation, however, and that is giving way also in favor of more conservative operations. The pioneers in conservative operations were Barnes, of London, in 1868; Thomas, of New York, in 1869, and Duncan, of Edinburgh, in 1877. Barnes drew down the inverted uterus by a noose of tape; he then made two incisions in the neck across the cervical sphincter. Then, by compression and upward pressure, the cervix yielded by laceration, and the uterus was restored. He records three cases where this operation was successfully performed. (Barnes' Diseases of Women.)

Duncan operated by making incisions in front and behind from the internal os to the middle of the body, as deeply as could be done without opening the peritoneum. Taxis resulted in reduction. (Barnes' Diseases of Women.)

Thomas' operation, first performed in 1869, was indeed remarkable for the time at which he put it into execution. It was bold and advanced work, thoroughly scientific and practical, and, being now shorn of its chief danger, sepsis, is approved and still practiced by modern operators.

Kelly has attempted it, and Coe has recently reported a case in which it was successfully performed. (Richmond Journal of Practice, May, 1899.)

Thomas operated twice successfully, but lost his second case from peritonitis. His method is as follows: The abdomen is opened, a steel dilator is passed into the cervix, and when this has been carefully dilated, the fundus is restored by upward pressure from below.

The difficulties and dangers from this and other methods of cervical dilatation are due to the fact that the tubes are inside of the inverted cervical canal, and may be injured by the dilating instrument. Adhesions may be present also, but they are but rarely present.

Emmett gives to Sir James Simpson the credit for suggesting this operation, but to Dr. Thomas is due the credit for its successful execution.

For several years gynecologists seem to have confined themselves to a combination of the methods of the older operators, and in case of failure, vaginal hysterectomy has superseded the operation of amputation.

Recently, however, conservative operations are again being devised. Kelly, in his work on operative gynecology, describes Kustner's operation, and further says that he intends to try it on his next favorable case.

The operation is, briefly, as follows: 1. Douglas' cul-de-sac is opened by a transverse incision. 3. A finger is passed into the neck of the uterus to break up any existing adhesions. 3. A longitudinal incision is made through the posterior uterine walls in the median line, extending through the peritoneum. This begins 2 c.m below the inverted fundus, and ends 2 c.m. above the internal os. 4. Reinvert by fixing the cervix by the fingers in the cul-de-sac and by pressing upward against fundus with the thumb. 5. Suture the uterus. 6. Suture the cul-de-sac.

Browne's operation, a description of which is given in the American Gynecological and Obstetrical Journal, August, 1899, is as follows: 1. The fundus was drawn outside of vulva with vulsella forceps. 2. An incision 1 1-2 inches long was made through the posterior part of the uterus, avoiding the tubes and large vessels. 3. Sims' dilator was passed into the cervix, and when the cervix was felt to relax, Hanks' hard rubber dilators, Nos. 3 and 4, were passed in. The finger was also passed, to see if any adhesions could be detected. 4. The incision was closed with catgut and, with slight manipulation, the fundus was replaced. The patient recovered.

Hirst, of Philadelphia, in November, 1899, operated on a case of three months' standing. "The cervix was cut in two in the median line posteriorly, the incision being carried higher on the internal than on the external surface, the ring muscle being almost if not completely severed without opening the peritoneal cavity. Pressure easily reinverted the

uterus. The cervix was joined again by sutures, and the operation lasted only 15 minutes."

In describing his operation he says: "Every one admits that the obstacle in reducing an inverted uterus is the contracted ring muscle of the cervix. It is incomprehensible, therefore, that no one hitherto, as far as I know, has thought of removing this obstruction by the easiest, simplest, and safest plan—namely, by cutting the cervical muscle in two."

This is a rather surprising statement to me, for division of the cervical sphincter was the very first conservative operation that I can find recorded, having been practiced by Barnes in 1868.

A great point in favor of all these conservative methods is that if at any time during the operation any one of them has to be abandoned, vaginal hysterectomy may be performed without delay.

The history of the case which I saw in 1897 was as follows: The patient was a native of Louisiana; white; aged 20; had been married four years; had borne three children, and had enjoyed good health until the present trouble. She was admitted to the service of Dr. H. S. Cocram, in the Charity Hospital of Louisiana, on July 1, 1897. On January 2, 1897, she was delivered by a midwife after a labor of twelve hours. The placenta was adherent, and efforts to deliver it by traction on the cord resulted in complete inversion and prolapse. A physician was summoned, and arrived in about three hours. He found the patient profoundly shocked; alarming hemorrhage had occurred; she had been in convulsions, and had fainted. A large mass of placenta was firmly adherent. He immediately attempted reduction by means of taxis, but was unsuccessful. Hemorrhage continued, and he had finally to push the uterus back into the vagina and tampon. Daily douches were then given, and taxis repeatedly tried under anesthesia, but without success. Involution occurred promptly, and in about three weeks the patient was out of bed. For two months her health was good; then hemorrhages and watery discharges became very frequent, and a rapid decline in health took place.

On admission she was profoundly anemic, pulse 120, temperature 100 1-5 F., urine contained 15 per cent albumen and hyaline casts. The uterus was inverted and prolapsed; was about normal in size, bled easily; was firm and fibrous in consistency, and the cervical ring very tightly contracted it. The openings of the tubes could be plainly seen, and bimanual examination revealed the absence of the fundus from its proper place.

The question of treatment was carefully considered. Her condition was critical and would not admit of much temporizing. The uterus was hard and unyielding, and taxis had been repeatedly tried without success. It was to be supposed that manual efforts would require prolonged

treatment and, probably, frequent anesthesia. She was clearly not in condition to undergo such prolonged treatment as was necessary in Dr. Lewis' case, or as was necessary in several of Emmett's cases. Mechanical repositors were not thought advisable. Thomas' operation was discussed, but her condition hardly justified cœliotomy unless certain of success, and this plan had failed in Kelly's hands. Kustner's operation had not been sufficiently tried, so it was decided not to attempt it.

It was decided to prepare the patient for vaginal hysterectomy, to attempt replacement again under anesthesia, and in case of failure, to remove the uterus. Taxis proved unsuccessful, and hysterectomy was performed. She made a prompt recovery, though for three or four days high temperature and a very rapid pulse gave us great uneasiness. Several months later her physician reported that all signs of renal trouble had disappeared; she had gained greatly in weight, and that her health was perfect.

I have thought that perhaps the predisposing causes for inversion, in this case, were her early marriage and the rapidity with which she had borne children.

Reviewing the various methods of treatment of chronic inversion, what would we now consider proper measures for dealing with the condition? As manual efforts, not too long or forcibly persisted in leave the way open for more radical measures; they should always be given a fair trial. Some of the methods of constant elastic pressure, such as Aveling's repositor, or the rubber bag, should be used between the efforts at taxis. Such an instrument as White's or Byrne's I would not make use of, for fear of making dangerous pressure.

Failing in manual efforts, and elastic pressure, we have recourse to the conservative operations of Hirst, Kustner, Thomas and Browne. Some one of these methods ought certainly to be tried before sacrificing the uterus. Finally, if all conservative efforts fail, vaginal hysterectomy should be performed.

CHRONIC INTERSTITIAL NEPHRITIS: ETIOLOGY, PATHOLOGY, SYMPTOMS AND DIAGNOSIS.*

By Edgar Allen Jones, A.B., M.D.,

BIRMINGHAM, ALA.

Professor of Pathology, Birmingham Medical College; Bacteriologist and Pathologist Hillman Hospital; Member Jefferson County Medical Society.

By the term chronic interstitial nephritis is meant a chronic inflammatory process, affecting the interstitial connective tissue of the kidney, and ultimately resulting in a contracted organ. There is extensive destruction of the tubular elements of the kidney, which is a result of the contraction of the newly-formed connective tissue.

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* Read before Medical Association of the State of Alabama, Montgomery, Ala., April 19, 1900.

The cause of the disease is not always to be made out. Gout and the gouty diathesis probably hold the chief place as causative agents. Chronic infections, such as syphilis, tuberculosis and malaria are very important etiologic factors. Chronic lead poisoning and chronic alcoholism are frequently the excitants. Anxiety and business worry have been included in the list of the causes, but it seems more probable that these are simply associated with the disorders of nutrition which are so frequently found in that class of patients who work long hours under great mental and physical strain. Disorders of elimination are common among these persons. Heredity is of undoubted etiologic import, many cases being cited in which whole families, even for three generations, have had the disease. It is essentially a disease of middle life—few cases ever occurring under thirty years of age. The association of arteriosclerosis and chronic interstitial nephritis is of great interest. Whether either one is the exciting cause of the other or not has never been satisfactorily determined. It is probably true that the exciting cause may be the same for both diseases.

Whatever the etiology, the pathology of the disease is that of any productive inflammation. The long-continued effect of a slight irritant causing hyperplasia of the connective tissue of the organs. Both kidneys are usually affected alike. The morbid changes are, briefly: Kidneys greatly contracted or shrunken, though occasionally the decrease in size is inconsiderable; surface of kidney rough, irregularly lobulated, and the capsule firmly adherent; small cysts are often observed on the surface (retention cysts). On section the organ is quite firm; both the cortex and the medulla are very narrow; the walls of the blood-vessels are visibly thickened. Microscopically there is great hyperplasia of the connective tissue around the malpighian bodies, convoluted, and straight tubules, and walls of the blood-vessels. The amount of this overgrowth of fibrous tissue varies with the age of the lesion, from a moderate thickening of Bowman's capsule and the intertubular tissue, to those cases in which almost the whole organ is converted into scar tissue. The epithelium degenerates, the cells become loosened from the basement membrane, and the tubules may be filled with hyaline, or finely granular or even fatty casts, or they may appear dilated from the loss of their epithelium. The changes in the parenchyma are purely passive, and are due to the pressure, no inflammatory process preceding the degeneration. The glomeruli seemingly enjoy greater resisting power that the tubular epithelium, and in some cases sections show totally destroyed tubules with comparatively unaffected glomeruli. The renal cortex often consists almost entirely of glomeruli and newly-formed connective tissue.

Remembering how insidious is this disease, it is with great interest that we notice the symptoms. The beginning of the disease is not characterized by any distinctive symptoms, and even later there may be no

well marked ones, until uremia points to the beginning of the end. Frequently the physician, on account of some rather vague symptom, will have the urine examined, and the diagnosis will then follow. Slight swelling of the ankles, or a hard, bounding pulse, with accentuated aortic second sound of the heart and hypertrophy of the left ventricle, may be the cause of the examination. The following symptoms or conditions, when found in any case, but especially in persons above forty years old, demand a careful examination of the urine for evidence of chronic interstitial nephritis: nocturnal urination; unaccountable weakness; symptoms referable to the gastro-intestinal tract, such as: dyspepsia, causeless (?) diarrhœa, violent vomiting, and repeated "bilious" attacks; dyspnea, asthmatic attacks and chronic bronchitis; repeated headaches, especially if post-cervical, persistent unexplained neuralgias, vertigo and insomnia; bounding cardiac action, or visible pulsation in various parts of the body; severe hemorrhages from the nose or stomach; dimness of vision, sudden blindness or tinnitus aurium.

The changes in the urine are quite characteristic; large quantity (4-6 pints, 2000-3000 c. c. in 24 hours) of pale urine of low specific gravity (1.005-1.010), containing a moderate number of hyaline, and a few finely granular casts; albumin may or may not be present; the amount is never large until near the end of the disease; the amount of solids excreted is greatly diminished, especially urea.

The diagnosis is to be made from a group of symptoms and not from the urine alone, for casts may be and albumin frequently is absent. The main points are: Polyuria, with continued low specific gravity, reduction in daily excretion of urea; hypertrophy of the left ventricle (without valvular disease), and increased tension of the pulse, and nervous symptoms, as occipital headache, vertigo, dyspnea and insomnia.

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References: Tyson—Examination of the Urine; Practice of Medicine. Stengel—Pathology. Langerhans—Pathologische Anatomie. Zeigler—Speciellen Pathologischen Anatomie. Brown, E. J.—N. Y. Medical Record, 1898.

MALARIAL PHENOMENA WITHOUT THE AGENCY OF MOSQUITOES.

By H. A. Moody, M.D.,

Professor Materia Medica and Therapeutics Medical College of Alabama.

The question of the agency of the mosquito in the introduction of the malarial parasite into the human body is not yet settled. The investigations thus far pursued seem to prove that some forms of the plasmodium can be thus transmitted, but that this is the only means of its introduc-

tion is not only unproven, but there are many facts well known to practitioners in malarial regions that have not yet been explained in harmony with such a theory. Yet the lay press, and indeed some of the leading medical journals, are felicitating humanity upon the discovery of the source of malarial infection and the possibility of eliminating this insidious factor from the catalogue of mortal woes. We are told that the Brtish government is fitting out an expedition to the Roman Campagna, at great expense, wherein two heroic doctors are to prove, by living under mosquito bars, that such a pestilential region is inhabitable if the inhabitants can be protected from mosquitoes; and it is not an extravagant anticipation to expect that if these two doctors escape the disease, the whole case will be considered proven. The fact is, however, that this matter will be settled by the testimony, not of a few investigators, but by that of the mass of the profession.

In this investigation every observant physician in the Southern States should participate. None but the slaves to "authority" will acknowledge the claim that malaria cannot be diagnosed without the microscope, however useful and indispensable that instrument may be in obscure cases. The cold stage, followed by fever, and ending in perspiration, with the same phenomena recurring at intervals almost to the hour on succeeding days, the whole case readily yielding to the regulation quinine treatment, will be considered typical of malarial infection, whether the microscope is used or omitted in making the diagnosis, and it is in the observation of such cases that the country physician will find his opportunity to contribute to the knowledge so earnestly desired by the profession.

Having reached the point where the possible agency of the mosquito is conceded, the next question is whether cases of malarial phenomena are ever observed in sufficient numbers and frequency in whose history the intervention of that insect can be positively excluded. This question must ultimately be answered by the country doctor, and Alabama affords conditions remarkably favorable for such investigations. There are regions in this State where for five or six months in the year a mosquito is never seen. There are points, on some of the mountain plateaus, where it is claimed he never appears. A few cases of malarial infection in localities free from mosquitoes would prove beyond dispute that other agencies may convey the parasite to its victims. It is the duty and privilege of every physician to contribute the information gained by his observations by publishing them for the benefit of the profession. No statistics are needed to prove that malaria can be communicated by the mosquito. That fact seems to be demonstrated. Therefore accounts of the prevalence of malarial phenomena with or succeeding a mosquito pest would be of little value. But authentic reports of typical cases occurring without the possible bite of the insect would be of great use in reaching the truth. Such observations are easily instituted in favorable localities.

A recent experience in such an effort convinced the writer that much useful information may easily be collected. Quite unexpectedly three cases of typical double tertian came under his observation in a town where no mosquitoes had been seen since December. The paroxysms occurred in April. In each case a second chill occurred, and then the attack yielded to quinine. They were evidently caused by the form of parasite known as the spring tertian. Inquiries were sent out to other physicians in that and similar neighborhoods, but the replies were generally too vague for practical use. One physician, however, Dr. Welch, of Talladega, in a letter replete with interesting statements, reported that they had had no mosquitoes since December until the latter part of April, yet in that month he treated five cases of intermittent that yielded to quinine, and knew of several more treated by their families. He says: "Physicians are not often consulted for simple intermittents." This statement is eminently true. The person who goes to the doctor for medicine or a prescription to "stop chills" is a rare exception in this country. It is safe to assume that there are fifty such cases treated by the heads of families to one treated by a physician.

The writer has since received a report of another case of double tertian in April, occurring in a lady who had seen no mosquitoes for over a year, having spent the preceding summer and autumn upon a mountain where they are unknown. These few known cases indicate the existence of hundreds of other similar cases of which the doctors never hear. The circumstances point strongly to the following conclusions:

1. There are more entrances than one through which the germ of malaria may gain access to the blood of the patient; or

2. The germ may be introduced during the mosquito season and lie dormant for months before multiplying sufficiently to produce its typical effects.

Now, there is an objection to this latter conclusion, inasmuch as the type of malaria we experience in autumn is entirely different from that observed in spring. The organisms which produce them are distinct from each other in size, appearance, history and results. If the infection occurred in autumn and lay dormant until spring, it should still present the phenomena of the dreaded æstivo-autumnal type, whereas such is not the case. It has never yet been suggested that one type can merge into another, either in the human body or in its theoretical host, and such a metamorphosis would be necessary to explain the change of type if we are to accept the theory of hibernation in the human system.

A third possible theory is that the different varieties of the plasmodia have different modes of propagation and introduction. On the whole, the question is intensely interesting, and it is to be hoped that the physicians of Alabama will utilize their opportunities to aid in its soluton.

INSOMNIA.

Bradbury states, in the "Croonian Lectures," that the causes of insomnia may be classed under four heads. (1) Irritative causes.—This class includes all forms of insomnia caused by pain and milder irritations—teething, indigestion, worms, eyestrain, cold feet, asthma and vesical irritation. (2) Toxic causes.—Under this head may be mentioned alcoholism, gout, nicotism, gastric and intestinal disorders, Bright's disease and excessive use of beverages. (3) Psychical causes. —Grief, worry, shock and mental anxiety. (4) Causes arising from changes in the mode of life—eating late dinners by those unaccustomed to them, and change of climate sometimes gives rise to insomnia. The removal of the cause is the first measure to be considered. After this, hypnotics are of great value in breaking up the habit of sleeplessness. For this purpose paraldehyde is sometimes useful. Chloralamide and chloralose are safer but slower than chloral hydrate. Of the two, possibly chloralamide is the better. The sulphones (sulphonal, trional and tetronal) are also valuable. On the whole the bromides seem to be the least harmful, and in simple cases, uncomplicated by other diseases, it is often advisable to try them before resorting to any other drug. Sleeplessness from overwork, and especially literary work, requires mental rest and change of air and scene. Temporary exposure to the cool air of a bedroom, or the wet pack or a bath is often useful, and so is a glass of whiskey and water at bedtime, especially to those unaccustomed to the use of alcohol. A capsule containing 30 minims of turpentine, given at bedtime, is sometimes beneficial in the insomnia of overwork and worry. The drug acts as a stimulant and derivative, and is stated to act best in plethoric cases. With nervous and hysterical women, especially at the menopause, the bromides are very useful. Sometimes a mixture of bromide, tincture of sumbul and tincture of hops in camphor water will be found to be very soothing. There is a preparation of the May Pop or Passion Flower, known to the profession as Daniel's Conct. Tinct. Passiflora Incarnata, which will be found to be exceedingly useful in the treatment of insomnia. "It possesses the virtue of inducing healthful sleep, which, disappearing, leaves the patient in a normal state with nerves perfectly reposeful and mental faculties refreshed." This preparation will be found to be just as represented by the manufacturer. It is not nauseating, but on the other hand in taste is comparatively pleasant, and makes a nice mixture. There is one great advantage to be had from the use of this preparation in those days of morphino-mania and similar affections, alas too frequently among members of the profession, viz., that there is no danger of the formation of any habit in those who have occasion to use this prepartion frequently (in cases where they happen to know the nature of their remedy). The profession should bear in mind Daniel's Passiflora.—The Canadian Journal of Medicine and Surgery.

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Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION ON ORTHOPAEDIC SURGERY.

RESECTION OF THE HIP.

Dr. B. F. Curtis presented a boy 18 years old, whose right hip had been resected for tuberculous arthritis of seven years' duration. The hip was fixed in dorsal dislocation with the typical deformity of adduction, flexion and inward rotation, and three sinuses existed on the posterior, anterior and internal surfaces. There was slight flexion and extension, rotation was diminished, abduction possible to 10 degrees. Operation by posterior incision September 26, 1896. Resection of head and three inches of femur. The pelvis was found healthy. The sinuses were curetted, the wound partly sutured, partly packed, and a good recovery followed. A Buck extension apparatus was applied and the limb kept in slight abduction. November 16, a hip splint was applied and the patient allowed up. The sinuses had healed by November 23, and December 11, 1896, he was discharged. There was four inches of shortening, the limb was in good position, the upper end of the fragment being strongly united with the pelvis at the level of the acetabulum, with no slipping. A limited amount of flexion and extension was possible, but no rotation. There was no sign of recurrence; the patient was well and walked with a cane. He wore the splint for a few months after leaving the hospital.

OSTEOTOMY FOR DEFORMITY FOLLOWING HIP DISEASE.

Dr. Curtis also presented a boy 17 years old who recovered from hip disease with the hip flexed to 10 degrees, about 10 degrees of flexion and extension allowed about that point. No rotation. On December 23, 1897, there was no sign of active disease, and an incision was made through the soft parts in front, below and parallel to Poupart's ligament, dividing everything down to the joint including its capsule and excluding only the vessels and nerves. This allowed extension to 45 degrees, the tension of the vessels not warrating more. The femur was then partly divided by the osteotome and partly broken above the lesser trochanter, its posterior layer being left. Full extension was then possible. The large wound was covered by a flap from the abdomen and a Buck's extension was applied. Hemorrhage the following night was controlled by packing and extension was removed. Infection followed with complete fracture and over-riding of the fragment and partial sloughing of the flap. The second day extension was re-applied and the bone set. On January 20, 1898, the wound was clean and grating was done over the

large granulating area. By the end of February the wound was healed, with shortening of two inches. On March 19 a hip splint was applied. The boy was walking without a brace. There was practically no motion in the joint. Bony union was firm. The deep depression at the site of the wound caused no inconvenience. The brace was occasionally reapplied for a few days for some pain in the hip.

Dr. A. B. Judson said that operating in hip diseases was less likely to be followed by a bad result in an adult than in a child.

Dr. G. R. Elliott said that the relation of these cases emphasized the importance of preventing the need of such operations, which should never be required. They indicated gross negligence in the treatment of the disease giving rise to the deformity. Patients with hip diseases drift through general hospitals and come out with badly displaced limbs from the absence of adequate treatment. In an institution which he attended surgically, there were a dozen cases of old hip diseases with limbs at all sorts of angles, showing that no care had been taken in hospital and private treatment to keep them in proper position while the bone was breaking down and undergoing repair. The prevention of these deformities was not difficult.

Dr. W. R. Townsend recalled a similar case of osteotomy. After dividing the soft parts by an open incision, including the capsule, it was found impossible to get the limb down. The capsule was allowed to heal before osteotomy was done, which he thought was better than to complete the reduction at one sitting.

TREATMENT OF TORTICOLLIS.

Dr. Townsend presented a girl 12 years old who had been relieved of torticollis, the result of suppurative cervical adenitis at the age of 5, which had produced cicatricial adhesion to the left sterno-cleido-mastoid muscle. The head had been pulled over toward the left shoulder, and the deformity had been increasing for four or five years. On February 1, 1900, an open incision 1 1-2 inches long, about 2 inches above the clavicle over the belly of the muscle, and free section of all the resisting structures, had relieved the deformity. The head had been held in the opposite position by plaster bandages. There had been no pain, the temperature had never been above 99 degrees, and the wound healed by primary union. The result was satisfactory. The head was in good position with motion. A little gap was felt below the scar, but the muscle had probably united. Subcutaneous tenotomy would have been impossible, as it had been necessary to carry the incision to a point where no one would have dared to go. In general he preferred the open incision for division of this muscle.

Dr. R. A. Hibbs commended the open incision. In a recent operation

on a girl 5 years old, after section of the sternal portion of the muscle, the deformity was only relieved by division of the clavicular portion through another skin opening.

Dr. R. Whitman practiced the open incision in torticollis. Complete division of all contractions, correction of the secondary distortion by vigorous manipulation, fixation for a time in the over-corrected position by a plaster bandage and after treatment by proper exercises would secure good results without the subsequent use of apparatus.

SPONDYLITIS DEFORMANS.

Dr. Whitman presented a man 46 years old, with a spine anchylored, excepting the occipito-axoid joints. Fourteen years before a long and severe attack of inflammatory rheumatism had affected nearly every joint excepting those of the back. This and several milder attacks in the next nine years had been coincident with gonorrhœa, which had been absent the past five years, while rheumatism had involved the back and with a persistent "lumbago," the entire spine had become rigid. There was pain in the loins and under the shoulder blades, increased by walking and by jars. The patient was nervous and irritable and easily startled, and felt as if the forehead were clasped by a tight band. His equilibrium was disturbed by the forward projection of the head and by the obliteration of the normal lordosis, so that he felt himself constantly inclined to fall forward, whether sitting or standing.

Dr. Elliott asked whether gonorrhœa was excluded as a cause.

Dr. Whitman did not know whether the so-called rheumatism which had involved the back was gonorrhœal in its origin or not.

Dr. Elliott asked whether the deformity was bony or fibrous.

Dr. Whitman thought it was partly fibrous and partly bony, an ossifying periostitis. The spine was not entirely rigid, as there was discomfort on changing the position, although motion could not be demonstrated. He intended to try suspension as an experiment.

HAEMARTHROSIS OF THE KNEE.

Dr. Hibbs presented two brothers aged respectively, 11 and 15 years. There were marked effusion and limitation of motion without reflex muscular spasm in both knees of the older boy, and the left knee of the younger. The swelling was marked. The patients were first seen in July, 1899, two weeks after the older had a hemorrhage from the lips accompanied by what was evidently an acute hemorrhagic swelling of both knees. Elastic knee caps were ordered, with immediate comfort, and the boys were not seen again until recently. A feature of the history of each patient was that bleeding had occurred from various organs at intervals of one, two and three months, and that with each recurrrence walking was rendered impossible by the intense and painful swelling of

the knees. No other joint had been affected. Their father had died of some acute disease, and their mother was living and healthy. Two hemophiliac brothers had died in infancy, but a sister was living and healthy. The synovitis caused by the hemorrhages had been prevented from resolution by their frequent recurrence. The effect of applying pressure would be observed and recorded.

Dr. C. A. Elsberg recurred to the case reported by him at the meeting of the Section held on October 20, 1899. A boy two years old had hemorrhage into the knee, and three or four weeks later similar occurrences in three of the finger joints in a family in which the male children of healthy mothers had been hemophiliac. An elastic knee cap had been applied, and the child was fed on gelatine for awhile on a theoretical rather than on any other basis. The patient was seen once a month, and the blood in the knee was gradually absorbed, leaving the joint in a practically normal condition. He would continue to wear the knee cap, removing it only at night. There had been repeated hemorrhages under the skin, but no return of bleeding into a joint.

Dr. H. S. Stokes said that hemophilia was generally transmitted through the mother to her male offsprings, the daughters, like their mother, showing no sign of the condition, although their male children were almost certain to be hemophiliac. The recurrence of swelling of the joint did not necessarily indicate another hemorrhage. A subacute or chronic synovitis was set up by the extravasation and more or less imperfect absorption. After a hemorrhage, treatment should be prolonged to promote and terminate absorption. The general treatment should receive attention and rest, immobilization, pressure, strapping and counter-irritation should constitute the local treatment.

Dr. Hibbs said that, if done, strapping would have to be continued indefinitely, as the knees in his cases were swollen all the time. The effect of one hemorrhage did not disappear before the recurrence of another.

A RUBBER SPLINT SHOE.

Dr. H. J. Bogardus exhibited a hip splint which was shod, not with leather, but with a piece of rubber tire in common use on the wheels of road vehicles. The tires were made in widths varying by one-eighth of an inch, and in length about 13 feet. A piece could be cut off with a wet knife blade and fastened on easily and most securely by the ingenious and yet simple application of a couple of screws. In economy, durability and noiselessness the shoe commended itself.

ADDITIONAL MECHANISM FOR THE HIP SPLINT.

Dr. Hibbs exhibited a modified hip splint. The upright was a hollow rod constructed in the usual manner, excepting that it reached the ground and ended in a foot-piece suitably shod for bearing the patient's

weight. It also had a slot on its inner side which permitted a sliding rod to carry a second foot-piece, not shod, to which were attached the leather traction straps. The sliding rod had at its upper part a rack moved by the usual pinion or key, and at its lower part a veritable ratchet and spring catch. When the patient was recumbent, traction was made by the key and secured in the usual manner, and when the patient stood, the downward pressure of his foot on the movable foot-piece took in the slack of the traction straps, the additional traction thus made being retained by the automatic action of the spring catch of the ratchet.

Dr. Whitman said that the arrangement was much better than the ordinary one, but a disadvantage was that the brace could not be made longer, and therefore would be outgrown in a short time.

Dr. Hibbs said that when the upright of the ordinary splint was lengthened with the key, it was thus weakened and had also to be replaced by a longer one.

Dr. Judson said that the additional traction gained when the patient was erect would prove to be too much when the patient lay down again.

Dr. Hibbs said that when necessary, which would not often happen, the extra traction could be relaxed by the attendant or the patient could loosen the buckles of the perineal straps.

Don E. Ashley, M. D., Guy's Mills, Pa., says: After the mania produced by improper use of alcoholic beverages has been controlled I know of no better compound than Celerina to restore tone to the nervous system and vigor to the whole human economy. I find it an excellent remedy for colliquative sweats, especially in convalescent cases of typhoid fever. I speak not from the experience of other physicians, not from hearsay, but from knowledge obtained from the careful observance of happy results brought about by the administration of this useful medicine.

THE ACUTE STAGE OF ENDOMETRITIS.

In the May issue of the International Journal of Surgery, Prof. Ralph Waldo in speaking of the use of the Curette in Acute Condition of Endometritis says, "That its use is not only not indicated, but in many instances would do positive harm during the acute stage of endometritis." The congested and inflamed endometrium should be treated by local application which will exert a soothing, yet stimulating and healing effects. Micajah's Medicated Uterine Wafers are especially indicated in endometritis and diseases of the uterus and its appendages. As a remedy for the treatment of diseases of women they have stood the test of time and are recommended and used by many leading men of the medical profession.

URIC ACID AND HEADACHES.

A physician who has been experimenting to discover, if possible, a relation between headaches and the retention of uric acid, found experimentally, that he could produce a headache in himself by adopting a diet of meat and cheese—foods which are highly nitrogenous and which in their burning up, produce a great deal of uric acid. He found in himself an excessive excretion of uric acid during a headache, which perhaps means that a headache is a sign of nature's effort to relieve the system of a poison that would do worse than produce headaches were it permitted to remain. Such a headachey condition is comparable to the fevers which the human system often establishes for the purpose of ridding itself of disturbing impurities, and can best be overcome by the timely administration of Laxative Antikamnia and Quinine Tablets.

Mr. W. B. Saunders wishes to announce the final accomplishment of a step that he has long had in mind. Feeling that the growth of the business to its present large proportions has been due, not alone to his own exertions, but quite as much to the efficient co-operation of a number of his employees, he has decided to give recognition to such service by associating with himself in business, under the firm name of W. B. Saunders & Company, Mr. F. L. Hopkins, Manager of the Subscription Department, and Mr. T. F. Dagney, Manager of the Publication Department. These gentlemen have been connected with the establishment almost from its inception, and to their capable management of their respective departments Mr. Saunders attributes much of the success that has attended his efforts.

Mr. Saunders believes that this action will strengthen the position of the house in the eyes of the medical profession, as it will secure a permanence of organization that will ensure the perpetuation of the business. Besides this, it will obviate the disadvantages incident to a large business that rests entirely upon the shoulders of one person, by permanently attaching to the house those whose ability and experience have contributed in bringing the business to its present state of prosperity.

The subscription and publication departments will be conducted as heretofore. The Trade Book Department will be under the management of Mr. M. D. Watson, whose connection with the house has extended over the past eight years, and who has demonstrated his ability to manage that department with efficiency and success.

Selected Articles.

WHY I USE PEPTO-MANGAN "GUDE." AN EXPERIMENTAL DEMONSTRATION.*

By William Krauss, Ph.G., M.D.,

MEMPHIS, TENN.

Director of the Microscopic Laboratories, Memphis Medical College; Pathologist and Visiting Physician to St. Joseph's Hospital, etc., etc.

Some five years ago I wrote a paper for the Memphis Medical Monthly, giving a resume of the evolution of the iron compounds, and appended a report of cases giving blood counts, etc. The manufacturers of the preparation I preferred saw fit to reproduce the case reports in their pamphlets, but said nothing about the reasons that induced me to prefer their product.

At a recent meeting of physicians and pharmacists I was criticised for opposing the use of ready-made compounds, while still advocating the use of Pepto-Mangan "Gude," which is a proprietary preparation. I hesitated considerably about bringing the matter up again, because I dislike to build up a reputation as an endorser, and have never in any other instance written an article endorsing a proprietary preparation.

I hope, however, to show you this evening that there is no pharmacopœial preparation that meets the requirements of an ideal iron compound, and, until this is found, I intend to continue to use what has never disappointed me, and is not based upon mere faith. The work of Bunge is too well known to be now quoted, and I will only make a few experiments before you this evening and show the reasons for the faith that is in me. There may be other proprietary iron compounds, and doubtless there are, that will come up to the same requirements, but I see no advantage in swapping the devil for the witch.

It is not necessary to repeat all the tests with all the official iron preparations, because they are divisible into groups, all the salts of one group behaving very much alike toward the gastric and intestinal juices.

An ingenious theory recently put forward regarding the action of the mineral salts of iron is, that they decompose the substances in the intestinal tract which precipitate the food iron so that it may be absorbed. This is the only rational explanation of the fact that we do occasionally get results from them. On the other hand, it is far more rational to use

*Read before the Memphis Medical Society.

an iron compound that can be, and is absorbed, for then we are reckoning with known quantities, instead of blundering along, giving more iron at a dose than is contained in the entire body, and incidentally deranging the digestive functions by precipitating the gastric pancreatic and intestinal juices, and producing constipation by reason of the very astringent nature of some of the iron salts.

Beginning with the organic double salts, of which the scale salts are representatives, we notice upon the addition of this gastric juice, that a precipitate is formed; the double salt is decomposed and ferric salt remains, which is insoluble, both in gastric and intestinal juice.

The tincture of ferric chlorid will precipitate some of the gastric constituents, though most of the iron will remain in solution in the hydrochloric acid; the iron still in solution will not be absorbed, because its non-diffusibility is taken advantage of in the manufacture of dialised iron, the acid passing through the animal membrane; when the iron finally reaches the intestine, the alkalin carbonates promptly precipitate it. Ferrous sulfate behaves similarly. In both instances, as you see, the very insoluble ferric oxid is finally formed. If you have ever tried to remove iron stains from your water pitcher, you have some idea how insoluble it is.

The insoluble compounds, like reduced iron, or Vallet's mass, only serve to render inert the arsenic with which they are usually prescribed; if dissolved at all in the stomach, they are re-precipitated in the intestine.

Taking now Gude's preparation, we find it soluble, not only in all these reagents, but also in a mixture of them. Potassium ferrocyanid readily gives the iron reaction, excess of ammonia will separate it, redissolving the manganese, which is then recognized by the color of its sulfid; the alkalin copper solution gives the reaction for pepton, showing that it is what the label says. It mixes with arsenious acid, forming a perfect solution, thus giving us a most useful hematopoietic agent. The soluble alkaloids are perfectly soluble in it, as is also mercuric chlorid. Being a pepton, it is readily diffusible by osmosis.

The only disturbing agent in the intestinal tract is hydrogen sulfid; this will precipitate it, but presumably, much of the iron must have been absorbed before it encounters this gas; if not, appropriate agents should be used for its elimination.

Therapeutically, it does not nauseate, constipate, discolor the teeth, precipitate the digestive agents, nor become inert from contact with them. As to the clinical results, I need not add anything to the many reports already on record.—Memphis Lancet.

210 to 220 Randolph Building.

"A REMEDY OF SPECIAL THERAPEUTIC PROPERTIES."

By Chas. H. Powell, M.D.

Professor Physical Diagnosis and Clinical Medicine, Barnes Medical College; Editor "North American Journal of Diagnosis and Practice;" Member American Medical Association and St. Louis Medical Society.

A little over two months ago there was handed to me for trial a sample bottle of a new preparation, made exclusively for the medical profession, known as Satyria. I must admit my hesitancy in at once drawing to my aid any new compound, be its merits ever so strongly attested to; nevertheless, the sample was not on my desk for many days before an elderly gentleman put in his appearance complaining of vesical disturbances. On account of the extreme age of the patient, together with his generally emaciated appearance, made me at once suspicious of the possible existence of cancer of the bladder; however, after a most careful examination, I satisfied myself that no cause for alarm was manifest in this direction. A rectal exploration, however, revealed the presence of an enormously hypertrophied prostate gland, which was tender upon manipulation and gave rise to considerable systemic disturbance, such as a sensation of weakness and slight nausea. The old gentleman stated that every night he was compelled to rise at least three times to empty his bladder. I placed the bottle of Satyria in his hands, with instructions to him to take a teaspoonful every fourth hour, and report in the course of three days as to his condition. Prompt to the instructions, he did as ordered, expressing the greatest thanks at the prompt relief he was experiencing from the use of the remedy. He stated that he was only compelled to micturate once during the night, and, contrary to his previous experience, he passed water freely and in considerable quantity. Patient has been taking Satyria now for the past three weeks, and has not required resort to the catheter during the entire period, a resort to which instrument I considered in the beginning as almost an indispensable requisite.

Having experienced such beneficial results in this particular case induced me to still further test the therapeutic properties of Satyria. A railroad man presented himself to me for a rectification of a too premature discharge of semen during the sexual act. He stated that he was totally unable to enjoy the embraces of his paramour on account of this discomforting state. I at once placed him upon Satyria in teaspoonful doses three times daily, and the cure of the trouble was promptly effected in five days.

Having experienced benefit from Satyria in this last case made me conclude to give the remedy a trial in sexual neurasthenia. A young man consulted me who gave a history of masturbation up to the age of ten years; as soon as he discontinued the pernicious habit he began

at once to be annoyed with nocturnal emissions, and also experienced almost constant pain in the lower spinal region. His stomach was continually annoying him, he was eructating gas, which was a frequent cause of annoyance to himself and friends. Satyria was given this patient in teaspoonful doses every four hours, combined with the bromide of sodium, ten grains, until four doses of the mixture were taken, then a teaspoonful three times daily. At the end of the first week improvement was manifest, the patient being more cheerful and evenly disposed, so much so as to be remarked by the family. In the course of the second week the cure was permanent.

A second case presented himself, very much like the one aforementioned. Satyria was given as in the preceding instance, with perfect recovery. Mr. S. H. called at my office early one morning, during my breakfast hour, with his son, who was a tall, thin anæmic-looking youth who appeared to be grown out like a young sapling. Under his eyes were dark brown spots, and he was continually picking at the buttons on his trousers as if they were offensive to his desires. Upon further questioning I was advised that every night with a few exceptions he would have a nocturnal emission, and the following day he would wake up having a most disagreeable taste in his mouth, and in the lowest depths of despair. He commenced to weep profusely during the interview that followed, and stated that he wished death would end his miserable existence in this world of trouble. Having talked matters over quietly with him and secured his confidence, I emphasized the fact that his case was curable, and at once prescribed Satyria in teaspoonful doses every four hours. I also advised him to take the coldspinal douche, and be cautious about lying upon his back. He reported four days later, and one glance into his face would convince the most skeptical that some radical change must have resulted, for he entered my office and said the medicine I had prescribed for him benefited him better than anything he had ever taken. I advised him to continue Satyria, which he did, and having seen him two weeks later, he stated that he was entirely cured, and had gained three pounds in weight. Also he stated that he had a sweetheart, and enjoyed himself immeasurably in her company, which was just the reverse of what had been his experience previous to taking treatment from my hands. Up to the time he consulted me he had an aversion to the female sex.

In addition to these few cases herein enumerated I could give others of like nature that have been perceptibly benefited by the use of this remedy, but what has been written will surely convince the most doubtful of the merits of Satyria, which as an agent in the successful rectification of the aforementioned disturbances certainly has no superior.—Journal of Diagnosis and Practice.

IRREGULAR MENSTRUATION IN YOUNG WOMEN DUE TO ANÆMIC CONDITIONS.

By Edwin H. Lewis, M.D.,

BURLINGTON, VT.

Resident Physician Fanny Allen Hospital.

The young physician just starting into practice cannot help but be impressed with the frequent occurrence of menstrual disorders in young girls during the period just succeeding the age of puberty. The metamorphosis of a girl into a woman, consisting as it does of structural and functional changes throughout her body, in many instances leaves behind pronounced alterations in the quality or even quantity of the blood current. How common it is to have a mother bring her daughter to the physician and say, "Doctor, I would like to have you do something for my daughter. For nearly a year she has been losing interest in everything and seems to be completely worn out. She has no appetite and absolutely no ambition for work, study, or play. She does not lose flesh or grow thin at all, but her color is so poor and she seems so weak that I fear she is going into consumption."

Inquiry on the part of the doctor elicits the further information that the young lady in question is sixteen years old or thereabouts and that she is a school girl. A year or two ago she first menstruated, and since that time has been unwell only twice, or at irregular intervals varying anywhere from three to nine months. Her bowels are either constipated or the reverse, and she may complain of headaches, vertigo, palpitation of the heart, insomnia, indisgestion, etc., etc. The pale face with its sallow greenish tinge, the bleached tongue, the colorless conjunctive and finger nails, tell well the tale of impoverished blood. Combine the history with the objective symptoms and the diagnosis is clear of chlorosis or green-sickness. The absence of cough or pulmonary symptoms excludes the dreaded "consumption," but we have instead a condition of the blood in which the essential constituents are diminished and the whole quality of the life-giving current so depreciated that the various organs of the body are unable to perform their normal functions. The uterus is small and illy developed, and the supply of rich blood it so urgently requires in its developmental state is not to be had. Is it any wonder, then, that the chlorotic girl does not menstruate regularly? It is a great wonder that she ever menstruates at all. Correct the anæmic or impoverished condition of her blood and the physiological function of her uterus will be resumed as naturally as that of any other organ.

How this chlorotic condition can best be corrected is the next question, and one which because of its frequency concerns every practising physician. Countless remedies have been presented to the profession,

but far and foremost above them all is iron, notwithstanding certain high authority to the contrary. Arsenic is certainly valuable, but it ranks far below iron or even manganese in the therapeutics of anæmia. In order to be most efficacious, however, the iron should be in its most readily assimilable form, and until recently the carbonate and albuminate have been supposed to present this requisite in the highest degree. But since manganese has grown in favor as an adjuvant to iron, a new preparation has been submitted to the medical profession, and in every way it has proven itself an ideal one. I refer to Dr. Gude's preparation of the peptonate of iron and manganese, known as Pepto-Mangan. This admirable combination of iron and manganese is readily taken into the human economy and appropriated to its needs, without deranging the weakest alimentary tract, or hindering in any way the normal processes of digestion, assimilation, and excretion. It should be given in water or milk, in teaspoonful doses after meals, and its administration is invariably followed by the results desired.

But in order that the medical treatment of chlorosis may be most valuable and efficient, it should be augmented by auxiliary treatment consisting of careful attention to diet and exercise. It goes without saying that the food of an anæmic girl should be most nutritious and particularly abundant in albumen, while the exercise should aim to provide greater quantities of oxygen in the form of pure air, without lowering the vitality. Walking, skating, tennis, or bicycling in moderation are all able to supply the demand for exercise.

Treatment laid down on the above lines, followed out in every instance, with good habits of hygiene and a careful observance of Nature's demands, will regulate the various functions of the body, and the menstrual function will prove no exception to the rule.

The following cases will substantiate the above:

Case I.—Miss C. S. K. Seventeen years old. Decidedly anæmic and much troubled with constipation. First menstruated at fourteen, since which time she has never been regular, flowing profusely sometimes twice a month, and other times going three or four months without menstruating at all. Has frequent fainting spells and a decided anæmic heart murmur. At time of coming under observation had not menstruated for two months and ten days.

Treatment consisted of a regulated diet, tablets of aloin, strychnine, belladonna and cascara sagrada, one each evening until bowels were regular, and teaspoonful doses of Pepto-Mangan (Gude) after meals. Gradually the fainting spells and heart symptoms disappeared, and on the fifteenth day after commencing treatment she began to menstruate, the flow being natural in quantity and continuing four days. Treatment was continued and twenty-nine days later she menstruated again, continuing this time five days. Soon after this the Pepto-Man-

gan was stopped. From now on up to the present time, a period covering three months, her menses have appeared regularly every twenty-eight days.

Her whole appearance has changed and in every respect she appears well and strong. Period of administration of Pepto-Mangan, fifty-five days.

Case II.—Miss K. M. Aged twenty. Menstruated first at age of fifteen and was fairly regular for three years, but since an attack of typhoid fever, two years ago, has never known when she was going to be unwell. Patient was not thin, but face was pale and yellowish, hands and feet were cold "all the time," and her whole condition was one of "blood poverty." Complained of frequent attacks of diarrhœa following constipation.

Treatment consisted of plenty of out-door exercise, good food with abundance of milk, and Pepto-Mangan (Gude) in teaspoonful doses after meals.

Her restoration to health has been rapid and satisfactory. She has menstruated three times since beginning treatment, the longest interval being thirty-one days. Says she is all right, and her appearance certainly sustains her words.

In this case the administration of Pepto-Mangan covered a period of thirty-six days.

Case III.—Miss D. L. School girl. Aged fourteen. For two years she had been troubled with headaches, dizziness and short breath, fainting away at the slightest provocation. Had no appetite, and, as her mother expressed it, "for the last six months has been going down hill pretty fast." Had been treated by a physician for heart disease, but received no benefit. Menstruated first seven and a half months ago, "but had not seen anything since."

Examination showed heart to be normal, although it was a trifle fast, and a slight murmur could be determined when patient was in a recumbent position, evidently anæmic in origin. Lungs proved to be all right.

Her general condition was anæmic, and she was put on Pepto Mangan (Gude), a teaspoonful after meals, and sent into the country where she could be out doors most of the time and have plenty of eggs and milk. A letter from her mother says that she has changed so that she can hardly believe it is the same girl. Furthermore, her menses appeared twenty-one days after starting the Pepto-Mangan and returned again twenty-nine days after. The Pepto-Mangan was ordered stopped, and since then I have not heard direct from the patient, although from her father I learn that she is "perfectly well" and coming home soon.

Period of administration of Pepto-Mangan, fifty-six days.

Case IV.—Miss L. Aged eighteen. Had never menstruated. Her general appearance was one of profound anæmia. A careful examina-

tion eliminated any abnormality of genital apparatus. Organs normal in relation, but under-sized. Prescribed Pepto-Mangan in teaspoonful doses after meals and gave general directions as to diet, etc. Began to menstruate thirty-two days after beginning treatment, the flow continuing one week. Twenty-nine days later she menstruated again. At the present writing she is still under treatment and is due to menstruate in seventeen days. Her whole condition is very much improved.—Medical Monthly.

TREATMENT OF RENAL CONCRETIONS OF URIC WITH GLYCERIN.

Dr. Hermann (Med. Chron., Jan. 1900; Ref. Brit. Med. Jour., No. 2040, Epit. p. 28) has obtained favorable results in nephrolithiasis by the administration of glycerin by the mouth. He gave it in the first instance on theoretical grounds, based on the facts that glycerin is a solvent of uric acid, and when given per orem it is excreted in large part with the urine. The good effects he has observed he does not now attribute to any solvent action of the glycerin on the uric acid, but to physical changes produced in the urine. When given in the large doses he employs, it causes the urine to become somewhat oily in consistence, and to its lubricating action he believes the good results are to be ascribed. Rosenfield, who has also praised the method, believes it to give relief by raising the specific gravity of the urine and thereby producing a change in the position of the calculi in the pelvis of the kidney. It is given in quantities of from one to four ounces, dissolved in an equal quantity of water, and taken as one dose, between two meals and repeated two or three times in a period of several days. He has used it in 115 cases of nephrolithiasis, and in 60 per cent. of these it proved efficacious either by removing concretions or by relieving the pain associated with the disease. Ortner and Kugler have confirmed the stone expelling power of glycerin, while Casper and Rosenfield speak of its anodyne effect as simply astounding. Given in the doses named, the only unpleasant effects observed were headache in twelve nervous patients, and diarrhœa in three cases where the digestive organs were not healthy. In all the fifteen cases these effects ceased in the course of a few hours. In such patients, and indeed in others, it is recommended that the initial dose should be smaller than the minimum dose named, and that it should be gradually increased. The presence of albuminuria does not contraindicate the employment of glycerin; the amount of albumin was never increased, and in one case, after three doses of the agent, the previous albuminuria completely disappeared. In six cases of the 115, hematuria occurred, and this the author ascribes to the concretions changing their position either spontaneously or owing to the glycerin.—Post Graduate, April, 1900.

HYDROZONE (30 vol. preserved H_2O_2 solution.)

IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.
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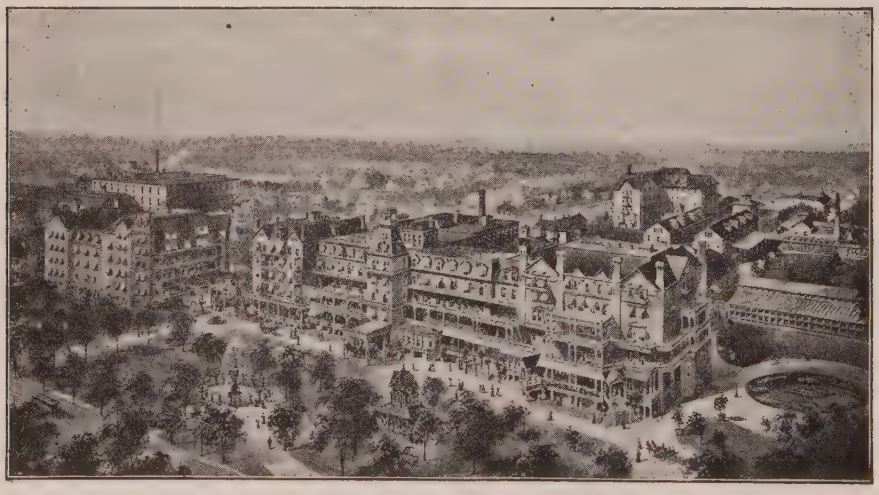

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Editorial.

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Prominent Alabamians.

It is a source of pleasure to the members of the medical profession in Alabama to note the prominence which two of their number have obtained who a number of years ago went to the city of New York. We have reference to Dr. Wyeth, of the New York Polyclinic, and to Dr. Powell, of the New York Post-Graduate. Both of these gentlemen were once country practitioners in Alabama, Dr. Wyeth practicing in North Alabama, and Dr. Powell in Wilcox county in the southern portion of the State. They today stand in the very front rank of the profession. Dr. Wyeth has made a reputation both as a surgeon and as an author. Dr. Powell has a national reputation for having discovered that alcohol is an antidote to carbolic acid, and is also recognized as one of the best surgeons in this country.

Both of these gentlemen in their clinics often refer to their experiences in Alabama, and Dr. Wyeth, in his private infirmary, has given a promi-

nent place to the saddlebags he used in practicing on horseback in North Alabama.

But our purpose in calling attention to the success which has crowned the labors of these two distinguished gentlemen is to encourage those who are now struggling in Alabama and who feel that fame and fortune is long being withheld from them. Both Drs. Wyeth and Powell had to struggle hard and long before they reached the prominence in the profession which they now enjoy. They both had their dark days, and success came to them only as the result of long and close application. What they have accomplished can be achieved by others who are now struggling in Alabama. It is only necessary to set your mark higher and work to reach it with all the power and energy of your being. Fortune and fame crown the efforts of only those who labor hard to secure them.

American Medical Association.

The recent meeting of the Association held in Atlantic City, N. J., can be recorded as one of the best meetings and one of the most successful meetings in the history of the Association.

The Sections were all well attended, and did excellent work. Registration shows that there were over 2,000 present.

The Senn Medal was awarded to Dr. F. Gregory Connell, of Chicago, and the Association Medal to Dr. A. L. Benedict, of Buffalo, N. Y. The newly-elected officers are: President, Charles A. L. Reed, Cincinnati; vice presidents, A. W. Calhoun, of Georgia; A. A. Woodhull, of Denver; Philip Marvel, of Atlantic City, and Wm. E. Quine, of Chicago. The newly-elected trustees are: J. M. Mathews, Louisville, Ky.; E. F. Ingals, Chicago; W. L. Rodman, Philadelphia, and M. F. Porter, Fort Wayne, Ind. At the 1901 meeting the Oration in Surgery will be delivered by Dr. John A. Wyeth, of New York City; the Oration in Medicine by N. S. Davis, Jr., of Chicago; the Oration in State Medicine by Dr. George M. Kober, of Washington, D. C.

Examining Boards.

Considerable discussion is being indulged in by the profession in Alabama over the advisability of doing away with the county board of examiners and putting in their stead a State Board.

Fortunately for the State organization, the discussion is good natured, and no harm is likely to follow from it. On the other hand, it now appears that the discussion is bringing out more prominently than ever before the strong points in favor of the present system, and that in this way will result in good.

No one questions the fact that quite a number of the very best men

in the State, men, too, who are thoroughly in sympathy with the work and purposes of the State organization, conscientiously believe that the best interests of the profession in the State demand that the county boards be abolished, and that a State Board be established, whose duty shall be to examine all applicants for the practice of medicine in this State. All will agree, too, that they have given some good reasons why such a change is desirable. However, those who advocate this change are confronted with two facts which to them are insurmountable, and which plead in strong terms for the present system. These facts are (1) that one of the main purposes of an examining board is to do away with illegal practitioners, and (2) that a less number of illegal practitioners are to be found in Alabama today than in any State in the Union.

When these facts have coupled with them the facts that the county boards of examiners are gradually raising the standard of the requirements for a certificate to practice medicine in this State and are from year to year doing better work than they did the previous year, and that these boards have great weight in keeping up the county organizations, the State Association will be slow to make any change in the present system of conducting examinations.

STATE ENDOWMENT OF MEDICAL EDUCATION.

A distinguished New York physician and medical educator is quoted as saying: "I hold that the State ought to furnish sufficient funds for the adequate and thorough instruction of all the pupils in every medical institution already legally organized, and for such others as the increase of population may cause to be established under the regulation of the State." It would be injustice to the gentlemen to assume that this was other than an undeliberated utterance, since he and every one else in the profession must realize that it would be a very extensive contract for the already burdened public to assume the support of the numerous medical colleges of the country. If there is one thing in which American medical education leads the world, it is in its quantity, but we do not congratulate ourselves on this fact. What we need is improvement in quality, and it would be no loss if three-quarters of the hundred and fifty, more or less, medical colleges of all sorts in this country should go out of business. What the doctor probably meant, but what unfortunately it appears he did not say, was that the State should insure a uniformly thorough scientific medical education in those seeking it, and this necessarily implies a regulation of the standards of education that would be fatal to the success of many of the minor institutions that can command neither the clinical facilities nor the teaching ability that would be required. Whether this can be done uniformly in all the different commonwealths that make up our country is a problem that re-

mains to be solved; that it is desirable no one questions. His remarks also implied that the State should endow and encourage scientific medical research, another thing to be desired, and which it can do to a certain extent, though not so universally as he would seem to think. What we do need is endowment of medical instruction, and lifting it above what it is at present to too great an exent in this country—simply a means of nonprohibited medical advertising. Our medical colleges have been too long originated and conducted as business investments, not always for direct returns, but to supply from their output a consulting clientele for their professors. The stock company medical college, described by a prominent neurologist in the '70s, was a caricature with a broad family likeness to many of the institutions of the time, and there are still in some quarters relics of the same features amongst the medical colleges of today.—Journal of Am. Medical Association.

From THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

"AT the Forty-fourth Annual Meeting of the American Medical Association, Llewellyn Eliot, A.M., M.D., Surgeon to Providence Hospital and Eastern Dispensary, and President of the Medical Association of the District of Columbia, etc., Washington, D. C., in an article read before the Section on Obstetrics, said:

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Miscellaneous Notes.

Dr. J. U. Ray, Sr., of Woodstock, Ala., died May 17, 1900.

Subscription to the Alabama Medical Journal is only $2.00 a year.

Dr. A. F. Griggs, of Atlanta, Ga., has located in Birmingham, and has secured a position as assistant with Dr. S. L. Ledbetter, the well-known occulist of this city.

Dr. J. U. Ray, Jr., has removed from Greensboro, Ala., to Woodstock, Bibb county. The doctor was in the city a few days since. While here he very kindly remembered the Journal.

The doctors of Alabama as well as that large list of good fellows who visit our city in the interest of the pharmaceutical houses, will be glad to know that in the near future Birmingham will have two new magnificent hotels.

Dr. F. P. Pettey, originally from Athens, Ala., but more recently from Relief and Hospital Department of the Plant Railroad system of Georgia, Alabama, South Carolina and Florida, is in the city. The Doctor has about decided to locate here.

William Sholl, son of Dr. E. H. Sholl of this city, was recently awarded the society improvement medal at the Southwestern Presbyterian University in Clarkville, Tenn. We are proud to see the sons of our Alabama doctors thus honored.

Dr. J. R. Wetherbee, of Philadelphia, Pa., has recently located at Thomas, Ala. At a recent meeting of the Jefferson County Medical Society he made application for membership. He also became a subscriber to the Alabama Medical Journal, and of course he will have a cordial welcome from the doctors of the city and county.

The Editor of the Journal acknowledges the receipt of the following invitation:

"The Board of Trustees of Washington and Lee University invites you to be present at the dedication of the New Law Building to the memory of John Randolph Tucker, Tuesday, June 19, 1900, Lexington, Va."

Mitchell, quoted in the Canadian Medical Record states that he has been very successful with cold water in the treatment of persistent vomiting, when medicine and other external applications had failed to give relief. It is applied to the epigastrium by means of towels wrung out of ice water, which are changed every minute until the vomiting ceases.

HOSPITALS IN BIRMINGHAM.

An inquiry has been made of us to know how many Infirmaries and Hospitals there are in the city of Birmingham. The following is the list to date:

Drs. Davis & Davis private infirmary.
Drs. Talley & Chapman private infirmary.
Dr. Geo. S. Brown private infirmary.
Drs. Morris & Morris private infirmary.
Drs. Copeland & Berry private infirmary.
Hillman Hospital (charity.)
St. Vincent Hospital (charity).

IN HONOR OF DR. JACOBI.

The seventieth anniversary of the birth of Dr. Abraham Jacobi was celebrated at Delmonico's, May 5, at a banquet which was attended by nearly five hundred of his friends.

Many men prominent in the professional and social circle in which Dr. Jacobi moves made addresses suited to the occasion, and the beneficiary responded in a long and interesting address.

Dr. Jacobi has reason to feel flattered at the warm and cordial reception which he received on this occasion.—Medical Times.

TREATMENT OF WHOOPING BY PHENOCOLL.

M. Uargus, of Barcelona, first tried phenocoll in 1895, and derived from it very good results. I have used it, too, in seven children who were attacked with whooping cough during measles. In all there was marked and rapid improvement. The remedy diminished the frequency of the attacks and their intensity; the nocturnal attacks especially were less frequent, and the total duration of the disease notably lessened. The dose administered was from one to two grammes daily. M. Fabistocherski has had like success in forty cases at the Hospital "St. Olga." Without being a specific remedy, phenocoll offers real advantages in whooping cough, and should always be resorted to when other remedies, particularly morphine, are contraindicated, especially in some children, in whom the disease is often dangerous. There are no inconveniences attending its use.—Med. Rev. of Reviews.

The injurious effect of excessive use of coffee is nowhere more forcibly illustrated than in a statement of Miss Ward, writing from Brazil, "that the whole country is perpetually in a state of semi-intoxication on coffee —men, women and children alike, and to babies in the arms it is fed with a spoon. It is brought to your bedside the instant you wake in the morning, and just before you are expected to drop off to sleep at night, at meals and before meals. The effect is plainly apparent in trembling hands, twitching eye-lids, mummy-hued skin, and a chronic state of excitability, worse than that produced by whiskey." The toxic action of tea and coffee, and especially tobacco, is so often seen in a large class of cases in this country that the first question asked by the physician in reaching a diagnosis is as to the use of these narcotics.—Medical Times.

WATER TREATMENT OF GASTRO-INTESTINAL DISTURBANCES.

Marfan advocates an exclusive diet of water for infants with diarrhœa or other gastro-intestinal disturbances, the amount corresponding to the usual amount of milk ingested. A number of our Southern and European confreres have found this treatment extremely effective, and a communication in El Progresso Medico for August describes cases of diarrhœa during the war in Cuba cured in three to five days with nothing but water taken freely, boiled and cooled to the temperature of the room.—Journal of the American Medical Association.

THE TREATMENT OF CHRONIC DEAFNESS BY VIBRATORY MASSAGE.

Ostmann, on the basis of an experimental research and observation of three cases reported by the aid of mathematical symbols which suggest the accuracy of the oculist, holds that vibratory massage is indicated in chronic deafness secondary to chronic hyperthropic middleear disease; lesions of the pharynx, nose and Eustachian tubes having received attention before such treatment is applied. This method is also applicable in cases of chronic deafness consecutive to an acute catarrh or otitis media. The treatment is contra-indicated in all acute inflammations of the conductive apparatus of the ear, and in cases in which, in spite of immobilizing lesions in the chain of bones, conduction of sounds remains normal. Moreover, when the bones are displaced, or when the tympanitic membrane is atrophied or adherent, the massage is not likely to be of service.

No favorable results are observed before at least two weeks of treatment. If after this time there is no improvement in hearing, there is little use of further continuance of the massage.

The treatment is painless, and sometimes efficacious,

Mink, writing upon the same subject, states that the diseased ears bear without pain a pressure which would be intolerable to the normal ear. The pressure made upon the drum is guided by the reaction of the patient. It should be sufficient to cause slight pain. He states that he has had most gratifying results, both in the improvement of hearing and cure of subjective noises.—Monthly Retrospect.

STOMATITIS, DIPHTHERIAL.

A membranous stomatitis may be due to several different microbes, including the diphtheria bacillus, and it may be impossible to distinguish a genuine diphtherial stomatitis from other forms (conveniently classed at present as diphtheroid stomatitis) by a mere inspection of the mouth or by the presence or absence of general symptoms. Hence the importance of making a bacteriological examination in cases of membranous stomatitis in order to recognize the actual contagium of the disease, and to isolate the cases of genuine diphtherial stomatitis. E. F. Trevelyan (Brit. Med. Jour., April 14, 1900).

LIVER, SYPHILITIC CIRRHOSIS OF THE.

The syphilitic liver is liable to be mistaken clinically, and, as a matter of fact, is frequently mistaken for the alcoholic liver, an error which in view of the remedial power of antisyphilitic remedies may be a disastrous one. One helpful symptom in such cases is the existence of signs of perihepatitis, pain and tenderness over the liver, and pyrexia. When these exist in marked degree and are at all persistent, they afford a presumption in favor of the syphilitic nature of the affection. The charts of temperature afford valuable indications of the existence of perihepatitis. Perihepatitis does not occur in pure alcoholic cases, and in connection with Bright's diseases, but, according to personal observation, it is not so constant or so extreme as in syphilitic cirrhosis.—W. B. Cheadle (Lancet, March 31, 1900).

FRACTURES OF THE ANKLE.

There are three little practical points of importance to be emphasized in connection with the treatment of fracture of the ankle: First, whatever other precautions may be taken in the treatment of this fracture to obtain a good result one should always place the foot at a little less than a right angle; second, in case of a painful joint following Pott's fracture, the foot should be fixed for a period of about six weeks at a little less than a right angle, the patient being permitted to walk without the use of a crutch; third, this can easily be accomplished by applying the plaster-of-Paris cast with the knee in a flexed position.

If these practical points are observed, fractured ankles are not painful

after the fracture has healed, and those which are painful after other methods of treatment will be free from pain in a few weeks, notwithstanding the fact that they may have resisted the ordinary forms of treatment for weeks, or months, or even years.—A. J. Ochsner (Amer. Jour. of Surg. and Gynec., April, 1900).

HEADACHES.

Dr. A. D. McConachie, of Baltimore, says that there is no symptom of disease which is so general as this affection.

All causes must be looked into. Each organ must be examined, and general causes eliminated before local disease can be blamed.

Headaches of nasal origin usually begin intermittently, an acute coryza exaggerates the symptom. In a dry atmosphere the attacks are not frequent. The pain may be referred to the brow, temples, eyes or scalp. The general health of the patient suffers; inability to sleep is often present, mental vigor and memory become impaired and melancholia may follow.

Catarrh of the neighboring parts may complicate the nasal disease. Mouth breathing causes a coated tongue, and this suggests dyspepsia to the careless observer.

Inspection of the nasal cavity assists the examiner in arriving at a proper diagnosis. Cocaine is a valuable adjuvant in clearing up the cause of the headache in nasal disease.

If any disease of the nose or accessory cavities is found, the same must be treated without delay. The eye is not infrequently the exciting factor in chronic forms of headache, and should not be overlooked in trying to find the cause in such conditions.—"Maryland Medical Journal."

DENIED DIVORCE FOR MISTREATMENT WHEN SICK.

In Bonney vs. Bonney, the Supreme Judicial Court of Massachusetts has denied a husband a divorce, notwithstanding that the testimony left no doubt that his wife had failed to perform the duties of a wife, in failing either to stay at home and take care of him when sick, or to consent to his hiring a nurse or housekeeper to do so. It seems to consider it important in this connection that he was not dependent solely on his wife, but was under the care of a physician, and had the money with which to secure proper food and nursing. It says that if he was not content with the care his wife gave him while he was sick in bed, his remedy was to hire a nurse, even if his wife wrongly threatened to leave his tenement if he did so, there being no pretense that this could not have been done through the physician in attendance. And, under these circumstances, it holds that the fact that the husband's ill health was temporarily injured by his wife's failure to comply with the doctors or-

ders as to his diet and medicines, was not sufficient to constitute cruel and abusive treatment, within the meaning of a statute making that a ground for divorce. Her action in that respect, it admits, might, in one sense, be said to be cruel, and the husband might be said to have been abused by her. But the court holds it was not such cruel and abusive treatment as, under the circumstances of the husband, will cause injury to his health, or create danger of such injury, or reasonable apprehension of such danger, if the parties continue to live together; and nothing less, it insists, will make out a case of divorce on this ground.—Monthly Retrospect.

BATHING TREATMENT IN CHRONIC KIDNEY AFFECTIONS.

Dr. Groedel, of Bad Nauheim, says that the bathing treatment in chronic nephritis is contra-indicated: 1. In cases of chronic parenchymatous nephritis, and in cases of secondary contracted kidney in which there is from time to time an increase in the albuminuria indicating an exacerbation of the parenchymatous affection. 2. In cases of contracted kidney with marked circulatory disturbances, congestion, dyspnea, etc. 3. In cases of contracted kidney accompanied by a high degree of arteriosclerosis; and, finally, in cases in which there is an apoplectic tendency, and in which there has been an attack of pulmonary edema. Only those cases of contracted kidney are benefited by the treatment in which the circulatory disturbances are mild.—Deutsche Medizinal-Zietung.

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SURGICAL PATHOLOGY AND THERAPEUTICS. By John Collins Warren, M. D., LL. D., Professor of Surgery in Harvard University, etc. Illustrated. Second Edition, with an Appendix. Philadelphia: W. B. Saunders, 1900. 8vo. Pp. 873. Cloth, $5 net; half-morocco, $6 net.

This book contains about 50 pages additional to the one issued in 1895; otherwise it is practically a reprint of the former edition. This work has been endorsed by many of the leading surgeons and teachers of the country, and is used as a text-book in many of the medical schools. The general practitioner can select no better book for use in general practice. The large and rapid sale which the former edition reached is guarantee that there will be still larger demand for the present edition.

INJURIES TO THE EYE IN THEIR MEDICO-LEGAL ASPECT. By S. Baudry, M. D. Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia, Pa. Revised and edited by Charles A. Oliver, A. M., M. D. Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar. 5⅝ x 7¾ inches. Pages, x-161. Extra Cloth, $1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This work has achieved such a reputation in France as to demand a second edition. The American edition, by Dr. Oliver, will possibly find a larger sale than any of the many foreign books previously translated and edited by this able writer and editor; as it deals entirely along lines not heretofore devoted strictly to the subject. Such accidents as wounds,

foreign bodies, and burns are of daily occurence in all industrial centers, and it behooves the physician to keep himself posted, and have at hand a ready reference book on this subject. The work is divided into four parts, viz.: Injuries to the ocular adnexa, leisons of the eye-ball, simulated effections of the eye, and medico-legal expert testimony. The chapters are scientific and well written, and an occasional illustrated case coming under the author's personal observation, heretofore unpublished, serves to make the work clear and concise. Any railroad physician, corporation doctor, or eye specialist will find here a handy reference book, containing every thing desired on the subject.

THE ANATOMY OF THE BRAIN. A Text-Book for Medical Students. By Richard H. Whitehead, M. D. Professor of Anatomy in the University of North Carolina. Illustrated with Forty-one Engravings. 6¼ x 9½ inches. Pages, v-96. Extra Vellum Cloth, $1.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

The physician and student will find this to be carefully written, and so condensed as to make the subjects presented easy to remember. While there may not be an extensive demand for the work, yet in the study of brain anatomy or physiology it is a very reliable work. The illustrations are good—containing 41 engravings. The price is only $1.00; the book is worth many times this amount.

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Abstracts.

EXTERNAL CEPHALOMETRY OF THE FŒTUS.

In the April number of Obstetrics there appears a translation of the substance of an important article by Dr. M. Perret, published in l'Obstetrique for November, 1899. It is well known to obstetricians that in cases of pelvic contraction that are not excessive it is quite practicable as a rule to preserve the lives of both mother and child by bringing on labor at a time when the fœtus is sufficiently advanced in development to pass the superior strait of the pelvis. But it is well known also that, in order to attain the best results, this particular point of time must be very nicely chosen. Dr. Perret points out that, as everybody will admit, it is very unsatisfactory to depend upon the length of time that has elapsed since the cessation of the last menstruation, and he gives a striking illustration of this fact. The woman, according to her menstruation record, ought to have been at term at the end of October, but it was not until the 20th of November that external cephalometry showed that the induction of labor was necessary.

The diameter of the fætal head which must bear the requisite relation to the obstetrical conjugate is the biparietal, and to ascertain this diameter early enough in gestation to interfere successfully has been the object of many painstaking investigations. It is rarely that the biparietal diameter can be measured directly, except in primiparæ in whom the head has already engaged, but Dr. Perret has arrived at a means of deducing it by its proportion to the occipitofrontal, which can readily be measured by means of his cephalometry compasses applied to the abdominal wall. From the measurement registered by the index double the thickness of the abdominal wall—that is, the thickness of a fold of it pinched up—is to be deducted to ascertain the actual occipitofrontal diameter, and from this there must further be subtracted about twenty-five millimetres, that being the average difference between the two diameters as established by a great number of careful observations. This is the difference at term, but Dr. Perret is satisfied that in the eighth month it is not so great, not more than about twenty millimetres.

Dr. Perret's system of estimating the biparietal diameter has been more or less in use, in his hands and those of several other French obstetricians, since 1894, and the results thus far published appear to be as near precision as we can hope to get. The continued employment of it, we should think, must result in a notable saving of fœtal life, but it can not be denied that great carefulness and no little skill, to be acquired only by experience, are necessary in carrying it out.—Editorial in New York Medical Journal.

VAGINITIS.

The treatment in the acute stage of vaginitis is aimed at relieving the pain, the swelling and the congestion. It consists of rest in bed, free purgation, hot fomentations, douches where they can be borne, soothing applications being used, such as a teaspoonful of borax and of liquor plumbi subacetatis, to each pint of water.

In the second stage, even in gonorrhœal vaginitis and vulvitis, one has to use more astringent injections, the best of which are sulphate of zinc or tincture of iodine, 2 drachms to 3 pints; or lysol, 1 drachm to 3 pints. Such douches should be used, not with a Higginson syringe, but with a douche-can, placed six feet above the patient, who should be recumbent on a bed-bath.

Supposing the vaginitis has become chronic, the treatment is very much the same, and it ought to be quite definite.

Some such treatment as the following in any case of prolonged vaginitis is more likely to cure the patient at one sitting than weeks of douching: The patient should be douched, then, in the lithotomy or side position, the largest speculum that one can use should be passed, and all discharge from the vaginal walls should be wiped away as the speculum is withdrawn, every spot which is red being noticed. Sometimes there are bleeding-points, sometimes inflamed points; and on all such spots 10-grain-to-the-drachm solution of nitrate of silver is to be applied. One must take care that no excess of the solution is allowed to trickle down over the perineum. Then the speculum is to be passed again, and the vagina is to be tamphoned with iodoform gauze, which should be left in for twenty-four to forty-eight hours. When the gauze is removed, the vagina is again inspected, and the application repeated; or, if this does not seem necessary, lead and borax douches should be daily used. If the endocervix is involved, that must be treated, or the vagina may be reinfected. Sometimes in a very chronic case it may be necessary to scrape the endocervix, and then apply the nitrate of silver, or pure carbolic, or iodized phenol; but, as a rule, one of these agents used three or four times at a week's interval will effect a cure without scraping. In rare cases stronger caustics or the actual cautery may be required. Some cases seem to yield to no treatment, and yet get cured after the treatment has been stopped.—Amand Routh (Clin. Jour., April 18, 1900).

AMPUTATION AND LONGEVITY.

A prominent manufacturer of artificial limbs says (Popular Science News): "By looking over books which comprise the history of many thousand cripples, we arrive at the conclusion that dismembering plays no part whatever in shortening life. Our records date back to 1853, and it is an astonishing fact that, of the entire number of our patrons, less than twenty-five per cent. have died, and most of those from old age or

accident; and in no case can we learn of a death that can be directly ascribed to the loss of a limb. As we investigate this subject more thoroughly we are persuaded that amputations enhance vitality, render it not only probable, but positive, that on account of amputations the lives of the subjects will be prolonged and free from disease." No record can be found of a cripple becoming insane, and but very few cases where they have committed suicide. The mental as well as the vital forces appear to become strengthened by the dismemberment.

It is a noticeable fact that persons who lose their legs become very powerful in their arms, large in chest, and great in girth, and persons who lose their arms become powerful in their legs and large in girth. The loss of parts of the body conduces to health, life and development. Dare, Melrose, Conway, Leland and Fitzpatrick, one-legged acrobats whose muscular developments are the envy of the world, have never been surpassed by athletes with natural limbs.

A reasonable explanation may be found in the hypothesis that the removal of a part of the body lessens the demand on the vital forces, and permits the supplying reservoirs to contribute more abundantly to the remaining members. If it overtaxes the heart to force the blood through all the avenues of the body, will not its labors be lessened if a few of those avenues are forever removed? And will not the remaining avenues receive a larger proportion of the life-giving essences? If the nervous system is overburdened, will not the tax be lessened if a part of the nerve organization be removed? If a tree is permitted to grow, it will sap itself by the many choking branches that come from its trunk. The cutting off of these branches and the trimming up of the limbs always give new vigor to the tree. It will grow larger, stronger and will live longer. A cripple is neither a cynic nor a pessimist. His misfortune has driven from him whatever there may have been of the misanthropic. His health is always good, and he is therefore happier and more contented than the dyspeptic or rheumatic. Nature, with her usual generosity, compensates for every misfortune. Those who seem the most afflicted are often happiest; their minds have been prepared to endure misfortune.—Medical Age.

TEMPERAMENT AND TENDENCY TO CRIME.

In a recent issue of the Archives d'Anthropologie Criminelle Dr. J. Marty publishes an important communication on the above subject which, based as it is on extensive and careful observations, and supplemented by statistical tables, throws an interesting light on the subject of temperament and the tendency to crime and moral delinquency. The diagnosis of temperaments is a difficult and delicate affair. Dr. Marty has brought together, after long observation, the records of several delinquents whom he classifies as belonging to the sanguine temperament, of an equal number of the lymphatic temperament, of one hundred and

nineteen of the nervous and twenty of the bilious temperament, of two hundred of the lymphatic-sanguine, one hundred and seventy-one of the lymphatic-nervous, and two hundred of the nervous temperaments. The conclusions which he arrives at are as follows: As regards precocity in crime the "lymphatics" belong to the first rank, while far behind and in the last rank are the "lymphatic-nervous." The "lymphatics" occupy the first rank in the crime of vagrancy, while for crimes and assaults against persons those of the sanguine temperament take first place. For crimes without violence against morals and propriety the "lymphatic-nervous" slightly surpass those of sanguine temperament. For habits and vices of idleness the pure lymphatics take the palm. Apart from crimes due to violent impulses, such as characterize the sanguine and other subdivisions of crime are hard to correlate with the other temperaments. "Police crimes against the safety of railways" were all met with among the "lymphatics," but, as Dr. Marty points out, it is not legitimate to press such coincidence too far, as the various factors are highly complex, and the nexus of the association between temperament and the specific nature of crime is not always demonstrable. Among soldiers Dr. Marty has found that the sanguine are the least criminal, and that the nervous are the most given to "crimes of violence against persons or property" and to drunkenness. All these distinctions are fairly consistent and constant, and imply correlations between temperament and tendency to crime.

OPHTHALMIA NEONATORUM.

Treatment.—Case of a baby between two and three weeks old in whom ophthalmia neonatorum had developed into a most critical condition. There was a profuse purulent discharge issuing from both eyes and so much chemosis and swelling of the lids that it was difficult to make a satisfactory inspection of the cornea of either eye, but it was determined that the cornea was involved and about to break down in each eye. On carefully considering the case, it did not seem that continuing the ordinary methods of treating eyes in such cases would preserve much sight for the child, but it was thought that if the eyes could be thoroughly douched and all the secretions from the conjunctiva kept washed away, there would be some chance of saving sight. Acting upon this suggestion, a Davidson syringe was used, and the No. 1 point was pressed between the lids at the outer canthus and a stream of tepid water containing about 1 per cent. of boric acid was thrown into the eyes until a quart or more had been used for each eye. The point of the syringe was always directed away from the eyeball and was gradually worked along the whole length of the retrotarsal fold so that the conjunctival sac was thoroughly washed out. The douching of the eye was repeated every half hour night and day for the first twenty-four hours, then less fre-

quently, and at the end of the fifth day the baby was opening its eyes and looking about the room. The cornea cleared and recovery was complete.

The same method of douching was carried out on two other cases in about the same critical condition, with the same happy result.

In the case cited a 2-per-cent. solution of nitrate of silver was used from the first, and the eyes were cleansed with spray, pipettes, and absorbent cotton. When the child came under personal care the 2-per-cent. solution of nitrate of silver was continued daily, care being taken that it did not reach the cornea, cold packs were applied to the lids between the intervals of douching, and the nourishment of the child was given all the attention possible.

It is believed that the douche properly carried out will be as efficient to check the disastrous course of those cases of purulent conjunctivitis which have arrived at a critical condition, as here described, as Credé's method is in preventing them from reaching this critical condition.—E. E. Holt (Jour. of Med. and Science, April, 1900).

ERUPTIONS OF THE FACE DUE TO NASAL PRESSURE.

Dr. G. D. Murray, in the Medical Record for March 25th, considers that reflex neuroses may occasionally cause eruptions of the face through pressure upon certain sensitive spots in the nasal cavities. His conclusions are drawn from the histories of eleven cases given in detail. He draws attention to the following points:

"1. That the eruption may be caused by pressure from soft or hard parts.

"2. That in the cases in which there were spurs the eruptions did not appear before puberty, probably for the reason that spurs do not occur before that time.

"3. That the muddy complexion and friable skin noted in some of the cases I have observed to be a peculiar characteristic of nasal obstructions.

"4. The promptness with which these eruptions disappear after operation.

"5. That the eruptions appeared first and were always worse on the side corresponding to the pressure. The probable explanation of this is that the part of the nose upon which the deformity pressed was the first to suffer from irritation, and because of its soft, yielding nature and abundant supply of nerves and blood vessels was the side most affected.

"6. That the eruption cleared first on the side opposite to the pressure. My explanation of this is that not until the apex of the spur pressed against the bone of the part pressed was the septal side affected, and when the spur was removed there was no origin of irritation.

"7. That the variety of pressure points noted in these cases would

seem to substantiate Lennox Browne's theory as to sensitive areas in the nose.

"In conclusion, I wish to make a plea for the careful search for some irritation in the nose in the treatment of all skin diseases of the face when the origin is uncertain."—Medical Review of Reviews.

THE ANTIQUITY OF MODERN SCIENCE.

From time to time glimpses come to sight of the light that really existed, far beyond what is commonly supposed, in the esoteric knowledge of the ancient world. Much of the teaching of the earlier books of the Old Testament is now seen to be in accord with some of the most advanced sanitary science. Prof. Naphtuli Herz Imber, in the Denver Medical Times for April, gives an insight into the medical teachings of the Talmud, from which we gather that most ailments were even in those days supposed to be due to little dangerous organisms, termed "shedins" (destroyers), too small to be seen by the eye. These organisms were inhabitants of air, water, animals, and decomposed wood. Hogs and certain fishes were the creatures most infested by them. Leprosy was due to the presence of such organisms beneath the skin, and its origin was attributed either to eating certain fish or to wearing untanned hides. The ordinances which forbade spitting in the streets of Jerusalem, allotted four cubits of space to each dweller in a room, and prescribed the investigation of the lungs and livers of slaughtered animals seem to indicate quite an up-to-date board of health some two thousand years ago, while the Talmudic admonition concerning flies as transmitters of disease, if better known, might have caused more respectful attention to be paid to the warning of the surgeon general in respect of flies and typhoid in our late campaign. E pur si muove, but always in an orbit.—New York Medical Journal.

THE ONCOMING OF THE PLAGUE.

While the San Francisco authorities have persistently denied that any cases of plague were in the city, their statement has not been entirely accepted. It is possible that the opposition of the Chinese to radical disinfection measures of the San Francisco health department has had much to do in establishing the fear that the rumor is true.

A Southern Pacific train from San Francisco was stopped by quarantine inspectors at the Texas State line on May 23d, and ten through Pullman passengers en route from San Francisco to New York, with Pullman employes bound for New Orleans, were refused admittance, though it was first supposed that through passengers could cross the State. Passengers are required to make affidavit that they were not in San Francisco since May 19th; there is in fact an absolute prohibition

of freight and passenger traffic between that city and the State of Texas.

Telegraph dispatches announce the appearance of the plague at Durban, in South Africa. This is certainly of serious significance, for the Anglo-Boer war will soon be over, the returning soldiers may be the distributors of the plague, just as our own soldiers had much to do with the spread of smallpox in the United States during the past two years.

Truly the plague is knocking at the door of American and European civilization, and unless we are both fortunate and careful it will pass the threshold and devastate the homes of those whose pride is that they live under the most advanced and progressive civilization that the world has ever known.—Medical Review.

THE WAY TO EMPLOY COLD IN TYPHOID FEVER.

Johnson (Medical Times) says that in private practice the objections of friends and the difficulty of procuring a suitable tub and capable assistant often make it inexpedient to use the tub treatment. In these cases cold sponging may be used. If the temperature is high and obstinate, the patient should be stripped and the bed protected by a rubber blanket, over which is placed a sheet. Then the nurse takes a piece of ice and sweeps it over the body vigorously, at the same time applying friction with the other hand, or having this done by another nurse. This friction is a most important part of the procedure, it increasing the loss of heat by at least fifty per cent. over the application of cold alone. Pressure should not be great, but active friction with the ball of the thumb and palm of the hand until the skin is red from the reaction. If friction cannot be used, then do not apply cold, as the two must go together. Patients who object to hydrotherapy can often be induced to yield to its employment by beginning gradually. First a tepid sponging may be given, and gradually less tepid water may be used until cold water is employed. Then state to the patient, or friends, that the point in the disease has been reached when water with pieces of ice in it is needed, and finally ice-water or pieces of ice, as described, may be used, when it is found that the patient does not catch cold, as it is always feared will be the case. Frequently people will think it all right if alcohol is added to the water. This may be done, as it also adds to the cooling properties of the sponging.

CANCER OF THE UTERUS.

As a prophylaxis in cancer more operations ought to be done for lacerations of the cervix. A woman between forty and fifty years of age, who has borne children, ought invariably to be examined, and, when the physician finds she has a laceration of the cervix, a deep ulceration in the neck of the uterus, it ought to be repaired. Here is the greatest field of

usefulness there is in connection with this disease. It is a very simple operation, it has no mortality, and it brings about a great deal of relief to the patient. All women who have the slightest disturbance of the menstrual function, or any hemorrhage from the uterus after the age of forty, ought to be very carefully examined with the view of finding an old laceration of the neck of the uterus, and, if such a condition be found, it ought to have immediate attention.

Sterile women and unmarried women who have never borne children do not, as a rule, have cancer of the uterus; multiparous women, who have borne a large family of children, are the ones especially prone to cancer of the uterus. The only way this can be explained is upon the hypothesis that there is some connection between laceration of the cervix and cancer; that there is something about the lacerated uterine neck which invites the morbid process.—L. S. McMurty (Amer. Pract. and News., March 15, 1900).

CREOSOTAL IN ACUTE PULMONARY DISEASES.

The action of creosotal in acute diseases of the lungs, such as pneumonia, grip pneumonia, etc., Dr. E. Hoelscher says (Tagebl. Kongr. z. Bek. d. Tuberkulose), is even more remarkable than in chronic cases, as is shown by the researches which have just been published by Cassoute and Corgier from the hospitals of Marseilles. Pneumonia is cut short by the early administration of large doses of creosotal, and the course of the disease is noticeably shortened when the drug is administered later on in the disease. The typical fall of temperature occurs in twenty-four hours after the administration of the drug. The afebrile condition is a permanent one if the exhibition of the creosotal is persisted in. The temperature rises, however, if the remedy is discontinued before the ausculatory signs have completely disappeared. The sequelæ that so frequently occur, and more especially tuberculosis, are completely avoided by the creosotal treatment of acute diseases of the lungs.—The Therapist.

WOUNDS, TREATMENT, WITHOUT SUTURES, OF SUPERFICIAL.

To obtain good union, it is important to observe a few first principles. The wound must be aseptic and the skin clean. The latter can be cleansed with soap and hot water, close shaving, and alcohol. Asepsis of wound and skin is then made sure by a careful wiping with dossils of absorbent cotton which have been soaked a few minutes in a 1 to 500 solution of bichloride of mercury. As soon as the parts are dry enough for the collodion to adhere, the edges of the wound are brought together and secured by cotton and collodion alone, or with the help of narrow strips of isinglass plaster moistened with the bichloride solution, or by similar strips

of muslin or linen painted over with a thin coat of fresh flexible collodion. The thinnest possible layer of dry, aseptic absorbent cotton is to be applied, and it should overlap the angles and edges of the wound far enough to have a firm hold on the skin.

After four or five days the entire covering may be removed; better still after eight days. Or the dressing may be left on from ten to fourteen days, when it may be removed by peeling it off dry or by moistening it with a little ether.

This dressing is applicable in extensive and angular lacerations of the scalp, the skin of the nose, the face, the lips, the ears, the hands, the thigh, the calf of the leg, and after the excision of glands and small growths.—J. F. W. Whitbeck (Med. Rec., April 14, 1900).

Dr. W. W. Keen, professor of surgery in Jefferson Medical College, Philadelphia, summarizes his opinions anent the surgical treatment of perforation of the bowels as follows: I believe that (1) The surgeon should be called in consultation the moment any abdominal symptoms indicative of possible perforation are observed; (2) if it be possible to determine the existence of the perforative stage, exploratory operation should be done under cocaine anesthesia before perforation, shock and sepsis have occurred; (3) after perforation has occurred operation should be done at the earliest possible moment, provided; (4) that we wait till the primary shock, if any be present, has subsided; (5) if in a case of suspected but doubtful perforation a small exploratory opening should be made under cocaine to determine the existence of a perforation, and if hospital facilities for a blood-count and for immediate bacteriologic observation exist, then surgical aid should be invoked; (6) the operation should be done quickly, but thoroughly, and in accordance with the modern technic; (7) the profession at large must be aroused to the possibility of a cure in nearly, if not quite, one-third of the cases of perforation, provided speedy surgical aid is invoked.—Pennsylvania Medical Times.

RETROPERITONEAL ABSCESS.

The symptoms and signs of retroperitoneal abscess from perforation of a duodenal ulcer are somewhat as follows. After the initial symptoms of perforation have passed away, there is constant pain in the right side of the abdomen, accompanied by an elevation of temperature, and great tenderness over the hypochrondrium and to the right of the navel. If the pus makes its way behind the colon in the direction of the iliac fossa, the area of tenderness increases, and a swelling appears above Poupart's ligament on the right side, which presents the ordinary features of an

abscess. If unrelieved, the pus may travel across the hypogastrium and present in the other groin, or it may gravitate into the pelvis and point beside the rectum. Occasionally the perinephritic tissue is invaded, and great pain is experienced in the loin, with swelling, tenderness, and perhaps a "squishing" sound on percussion, owing to the mixture of gas and pus. In these cases the matter may either present in the loin or burst into the colon.—W. Soltau Fenwick (Edinburgh Med. Jour., April, 1900).

ON OPERATIVE METHODS IN CANCER OF THE RECTUM AND THEIR ULTIMATE RESULTS.

Schmidt Beitraz Zur Klin Chirurg to IX '98, gives the statistics of 82 operations for rectal cancer, practiced in six years. This comparison of these cases with Henk's, of Heidelburg, permit me to judge of the merits of secral resection. Sixty-eight were practically operated, palliative in eight, six inoperables. Mortality, 3 per cent. in tentative perineal operations, and 19 per cent. by the sacral route; seven sank from septic peritonitis. Of 125 patients recovering from operation, twenty-five died within six months, six were not accounted for; twelve have survived two years, but of these four had relapses. Those surviving the sacral operation have had relative continence wherein the circular entrance was possible.

Lowinsohn from 1878 to 1891 sends 109 cases; ten sank immediately after operation; 21 per cent. were alive after two years.

VOMITING OF PREGNANCY.

Dr. Barth (Norsk Mag. f. Laegevidensk.) gives full clinical details of two cases of uncontrollable vomiting of pregnancy in which it was found necessary to induce abortion to save the mother's life. In both cases there was the history of preceding miscarriages, and in both there was constriction at the internal os uteri as shown by the existence of a marked groove on the laminaria tent which was used to induce the abortion. There had been severe endometritis, and there was rigidity of the vaginal portion of the cervix. In one there was a well-marked erosion on the cervix, in the other the indication of the beginning of one. Morphine, bromide of ammonium, and oxalate of cerium had been tried, but with no good result, and the application of cocaine on iodoform gauze to the cervix thrice daily was also without effect. Barth believes that the vomiting is due to neurosis of the sympathetic system, and points out how densely the sympathetic fibers and ganglia surround the os uteri internum. There was marked ptyalism with viscid mucus, a circumstance which also pointed to the involvement of the sympathetic.

SOME SOURCES OF INFECTION.

Bacteriological researches have shown that old paper money is usually tenanted by legions of bacteria, many of them belonging to pathogenic varieties. It would be rather easy to jest upon the matter, were it not one of very decided importance. In this country the currency bills pass from hand to hand until they become torn and filthy rags that are finally sent back to the treasury for redemption. The worst feature of our paper currency lies in the fact that it is so convenient, for a number of reasons, that the people would rebel at the idea of being deprived of such an easy way to carry money. In England every bill that comes back into the possession of the Bank of England is immediately destroyed, and another is issued in its place. As the bank notes are of larger denomination than ours, they are better taken care of, and a soiled note is an exception. It would really seem as if some such manner of destroying old notes ought to be adopted here, and it would seem feasible to compel all banks to disinfect the paper money they receive before paying it out again.

Another most dangerous feature of our mode of life consists in the open closets found in the toilets of all our railroad cars. The amount of dejecta, possibly containing typhoid or ather noxious organisms, that is spread along our railroad tracks, to be washed off by the next rains into neighboring streams and rivers, must be enormous, and constitute no trifling danger to the health of our population.

We may well be thankful that the attention of the public has, of late years, been called to the evils of the spitting habit, and that it is beginning to realize, though slowly, the fact that it is not only nasty, but also dangerous.—Inter-Journal of Surgery.

THE HOSPITAL FOR CONSUMPTIVES.

Assemblyman Henry's bill to provide for the establishment and maintenance by the City of New York of a hospital for the treatment of pulmonary tuberculosis has duly passed the Assembly and is now presumably in a fair way to become a law. This is as it should be, as there is an urgent need for such a special establishment devoted to the most prevalent of all diseases.

More especially is this the case in connection with the well-known fact that with one or two exceptions no public institution in this city cares to receive such patients, as it is claimed not only that they occupy beds for long periods of time, which should be used for more acute cases, but that they are the means themselves of spreading infection to all susceptible persons in the different wards.

By all means let us have a special hospital on the lines indicated. It

is certainly a very promising experiment in the right direction and will be not only of great value to tuberculosis victims, who can thus enjoy all the advanced methods of treatment, but will relieve all other hospitals of much of the stress of charity which they have been so inadequate to meet.

On general principles it is eminently proper in the lights of precedent and guaranteed uniformity of methods to intrust the health boards with the construction and management of these institutions, provided it can be understood that appointments on the medical staff are based on other than purely political qualifications. Such an institution should command the service of the best medical talent available.—Herald and Inter-Journal of Surgery.

THE TREATMENT OF SCABIES.

Sherwell (Journal of Cutaneous and Genito-Urinary Diseases, November, 1899), states that for twenty-five of the now nearly thirty years of his active dermatological practice he has used the method treatment which he describes, and that many of his colleagues and most of his students do the same. This treatment consists in the use of the washed flowers of sulphur, and is the cleanest, least disagreeable, and altogether the most efficient method at our command. The patient is directed to take a bath, using a little sand soap over the tougher portions, except in the case of infants. The body and limbs are rubbed lightly with a little of the sulphur powder. A half teaspoonful is more than enough for each individual. The bed-linen and underclothing of all kinds are changed, and between the sheets or the coverings that come next the person in bed a half-teaspoonful of sulphur is sprinkled. One of the sheets is lifted and a light blow given, which causes enough disturbance of the air to disseminate the powder over the whole internal surface. By repeating this application to the bed every other or every third night, by bathing, and changing clothes in about the same way and at about the same interval for a week, a cure is effected in ordinary cases.

The male acarus is not a burrower. At the time the female has proruptured into the external world from below the epiderm, the male is either dead or certainly functionless.

Few cases or case groups last over the ninth day under this treatment.—Exchange.

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